USE OF REPRESENTATIVES. { DOCUMENT No. 481.

AL HOSPITAL FACILITIES FOR DISCHARGED SOLDIERS, SAILORS, MARINES, AND ARMY AND NAVY NURSES.

LETTER

FROM

THE SECRETARY OF THE TREASURY,

TRANSMITTING

A TENTATIVE DRAFT OF A BILL TO PROVIDE ADDITIONAL HOSPITAL AND OUT-PATIENT DISPENSARY FACILITIES FOR ALL DISCHARGED, SICK AND DISABLED SOLDIERS, SAILORS, MARINES, ARMY AND NAVY NURSES (MALE AND FEMALE), AND FOR OTHER PURPOSES TOGETHER WITH STATEMENT OF THE NEEDS OF THE ENACTMENT OF SUCH LEGISLATION BY THE SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE.

DECEMBER 8, 1919.—Referred to the Committee on Public Buildings and Grounds and ordered to be printed with illustrations.

TREASURY DEPARTMENT,
Washington, December 5, 1919.

The SPEAKER OF THE HOUSE OF REPRESENTATIVES.

SIR: I have the honor to transmit herewith for consideration of the Congress a tentative draft of a bill to provide additional hospital and out-patient dispensary facilities for all discharged sick and disabled soldiers, sailors, marines, Army and Navy nurses (male and female), and for other purposes, together with a statement of the needs for the enactment of such legislation by the Surgeon General of the Public Health Service.

The estimate of the needs of the discharged soldiers and sailors is based upon a report of the chief medical adviser, Bureau of War Risk Insurance, and the experience of the Public Health Service since the enactment of the legislation of March 3, 1919. The report of the chief medical adviser of the Bureau of War Risk Insurance indicates that within the next two years beds will be needed for patients of the War Risk Insurance Bureau about as follows:

General, medical, and surgical	7,200
Tuberculosis	12,400
Neuro-psychiatric	11,060
Total estimated as required within two years	30,660

The Public Health Service has in Government hospitals available beds grouped as follows:

General, medical, and surgical	
Tuberculosis	
Neuro-psychiatric	
Total now operated by Public Health Service	10

The additional number of beds estimated as required by the Surgeon General of the Public Health Service within the next two years, based on the above estimate, would be approximately as follows:

General, medical, and surgical	3,900
Tuberculosis	10,000
Neuro-psychiatric	9,500
Total additional beds required by Public Health Service	23,400

The construction engineer has estimated that the additional beds will require approximately as follows:

General, medical, and surgical, 3,900 beds, at $3,250	$12,675,000
Tuberculosis, 10,000 beds, at $3,250	32,500,000
Neuro-psychiatric, 9,500 beds, at $3,500	33,250,000
Total appropriation required for acquiring buildings for 23,400 beds within next two years	78,425,000
Furniture and equipment, 23,400 beds, at $300 per bed	7,020,000
Total for buildings, furniture, and equipment	85,445,000

The experience of the Public Health Service shows that for the 28 weeks ended October 8, 1919, there has been an average increase of 137 patients per week in Public Health Service hospitals. The experience for admission of patients in civil institutions has been approximately the same, or a total increase of 274 patients per week. If this ratio of increase should continue for one year, there would be approximately 23,000 patients in the hospitals of the service or in civil institutions under contract with the service.

It is not possible for me to state whether or not the estimates as submitted by the Surgeon General of the Public Health Service are even approximately correct, but I feel sure that there is an urgent necessity for the enactment of some legislation providing additional hospital and out-patient facilities for the Public Health Service in order to meet the obligations of the Government to the patients of the War Risk Insurance Bureau. I would therefore urge upon you the necessity for an early consideration of these needs by the Congress.

Respectfully,

CARTER GLASS, *Secretary.*

A BILL To authorize the Secretary of the Treasury to provide medical, surgical, and hospital services and supplies for discharged soldiers, sailors, marines, Army and Navy nurses (male and female), and for other purposes.

Be it enacted, etc., That hereafter the Secretary of the Treasury shall provide necessary out-patient dispensary care and treatment and necessary medical, surgical, and hospital services and supplies, including prosthetic (artificial limbs) apparatus, for all discharged sick and disabled soldiers, sailors, marines, Army and Navy nurses (male and female), and for patients of the War Risk Insurance Bureau, who may apply for treatment, in the same way as now provided for other beneficiaries of the Public Health Service.

SEC. 2. That the Secretary of the Treasury is hereby authorized to provide additional hospital and out-patient dispensary facilities for the beneficiaries of the Public Health Service (1) by purchase, gift, or lease of existing plants, (2) by construction on sites now owned by the Government or on sites acquired by purchase, condemnation, gift, or otherwise, or (3) by such remodeling or extension of existing plants and their equipment, owned or acquired by the United States, as may be necessary economically to adapt such plants to the uses and purposes herein provided; such hospitals and out-patient dispensary facilities to be located at such places as the Secretary may elect and to include the necessary buildings with their appropriate mechanical equipment and approach work, including roads and trackage facilities leading thereto, for the accommodation of patients, officers, nurses, and attending personnel, and for storage, laundries, vehicles and live stock, and including necessary furniture, equipment, and accessories, including the development of coal deposits now under control of the Treasury Department. The Secretary of the Treasury is hereby authorized to accept gifts or donations for any of the purposes named in this act.

SEC. 3. That the Secretary of the Treasury in securing sites herein provided for, may request the Secretary of any other department of the Government to transfer to the Treasury Department, such lands or parts of land under his control, not required for other purposes, as may be found suitable for this use, and other departments are authorized to make such transfers to the Treasury Department as may be deemed to be in the interest of the Government.

SEC. 4. That in carrying the foregoing authorizations into effect, all new construction work herein authorized shall, as far as feasible, be of fire resisting character, and the Secretary of the Treasury is authorized to enter into contracts for the construction, equipment, and so forth, to purchase materials in the open market, or otherwise, and to employ laborers and mechanics for the construction of such buildings and their equipment as in his judgment shall best meet the public exigencies.

SEC. 5. That the Secretary of the Treasury is hereby authorized in his discretion, to employ for service within or without the District of Columbia, without regard to civil service laws, rules and regulations, and to pay from the sums hereinafter authorized for construction purposes, at customary rates of compensation, exclusively to aid in the preparation of the plans and specifications for the above named objects and for the supervision of the execution thereof, for traveling expenses, field office equipment and supplies, commercial printing in or out of the District of Columbia, incident thereto, at a total limit of cost for such additional technical and clerical services and traveling expenses, and so forth, of not exceeding 3 per cent of the limit of cost for construction. All of the above-mentioned work shall be under the direction and supervision of the Surgeon General of the Public Health Service.

SEC. 6. That the Secretary of the Treasury be and he is hereby authorized in his discretion to enter into contracts for the purpose of carrying out the provisions of this act, within the respective limits of cost hereby fixed, viz, the sum of $15,000,000 for the fiscal year ending June 30, 1920; the sum of $25,000,000 for the fiscal year ending June 30, 1921; the sum of $20,000,000 for the fiscal year ending June 30, 1922; the sum of $18,425,000 for the fiscal year ending June 30, 1923, in all $78,425,000 for construction purposes; and for furniture and equipment not otherwise provided for the sum of $1,400,000 for the fiscal year ending June 30, 1920; the sum of $2,200,000 for the fiscal year ending June 30, 1921; the sum of $2,000,000 for the fiscal year ending June 30, 1922; the sum of $1,400,000 for the fiscal year ending June 30, 1923, in all the sum of $7,000,000 for furniture and equipment.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
Washington, October 17, 1919.

Memorandum for the Secretary of the Treasury.

Subject: Transmitting a tentative draft of a bill to provide additional hospital and out-patient dispensary facilities for all discharged sick and disabled soldiers, sailors, marines, Army and Navy nurses (male and female), and for other purposes, together with a statement of the needs for the enactment of such legislation.

On September 17, 1918, the Public Health Service submitted a report showing the needs for additional hospital and sanatorium

facilities for the war-risk insurance patients and other beneficiaries of the Public Health Service. This report was submitted in order to comply with an urgent request of the Director of the Bureau of War Risk Insurance for increasing the hospital facilities of the Public Health Service, and after an extended conference with the War and Navy Departments. There is attached hereto a copy of the House Document No. 1294, which sets this forth in detail.

Two bills were introduced to supply hospital beds and the statement made that:

> While the two bills mentioned represent only a part of the total number of beds that will be required, I still am of the opinion that these two bills should be enacted into law before further estimates are transmitted to Congress, as they will furnish an appreciable measure of relief and permit a more accurate survey of the ultimate needs of the service in this direction, due to rapidly changing from war to peace conditions, and the probable abandonment of several army projects which might be available for use in the care and treatment of the remaining thousands of patients who are entitled to receive hospital accomodations and treatment.

A copy of this memorandum dated November 15, 1918, is attached hereto.

Following out this plan of supplying immediate temporary needs of legislation proposed by the memorandum referred to, it was urged upon Congress to pass the two bills. But it was stated many times to many Congressmen that this was only the beginning of what would be the requirements to make adequate provision for the patients of the War Risk Insurance Bureau. These statements were repeated on the floor of the House of Representatives and the Senate by Members of Congress. The bill provided a lump-sum appropriation for a total of $12,049,000 as originally introduced, and no sites were specifically mentioned in the bill except the one for Dawsonsprings, Ky. As these bills passed the House, the site fixing one hospital for Dawsonsprings, Ky., was stricken out and no sites were specifically given in the bills as they were passed and reached the Senate.

In the Senate the bills were consolidated and instead of providing a lump sum for the supply of hospital facilities a provision was made fixing certain sites and authorizing the purchase of certain hospitals and the acquisition of certain camp hospitals, appropriating a sum of $7,400,000. In conference the conferees added a provision for acquiring the hospital at Corpus Christi, Tex., not to exceed $150,000 and added a lump sum of $1,500,000 for emergency needs. This act was approved March 3, 1919, (Public Act No. 326, 65th Cong.). The total amount appropriated by the act for constructing and acquiring hospitals was $9,050,000.

As stated above, the consolidated bill as it finally became a law authorized the taking over from the Army certain camp base hospitals and the lease of other hospitals. It will also be noted all through the history of this legislation that it was not the intention of the service to specifically locate hospitals until after obtaining the appropriation and until after careful survey, as experience might dictate. It was stated many times to Congress during the enactment of the legislation that the service did not believe that camp base hospitals were suited to its needs, either in point of construction or geographical location. Experience has proven the correctness of these statements. The Public Health Service has taken over these camp base hospitals as directed by Congress, and after earnest efforts

to operate them on a satisfactory and economic basis has been compelled to abandon all but two as entirely unsuited to the needs of the situation. Sick and disabled soldiers, sailors, and marines have manifested a strong disinclination to accept treatment at these places, in spite of the effort on the part of the Public Health Service to make them attractive and to administer them as civil institutions. As a result it is probable that a considerable number of men are not now accepting hospital treatment and are suffering injury thereby.

Owing to the experience of the Public Health Service in the past six months as a result of Congress fixing the sites of the service hospitals, the draft of the bill which is transmitted herewith has purposely omitted mention of definite sites and has provided a lump-sum appropriation with a broad authorization for the Secretary to fix sites according to the needs of the discharged soldiers, sailors, and marines, Army and Navy nurses (male and female).

Public Act No. 326 of the Sixty-fifth Congress above referred to made the patients of the War Risk Insurance Bureau beneficiaries of the Public Health Service and the act making appropriations for sundry civil expenses for the Government for the fiscal year ending June 30, 1920, made additional appropriations to enable the Public Health Service to discharge its functions. This latter act, however, carried the important proviso that none of the appropriations made for the Bureau of War Risk Insurance are to be expended to reimburse any expenses incurred by any government hospital or hospital under contract with the Public Health Service, for examination, care and treatment of the beneficiaries of the Bureau of War Risk Insurance. It would thus seem that it was the evident intention of Congress that the Public Health Service should discharge the medical and surgical functions of the Bureau of War Risk Insurance, but the law contains certain ambiguities which it is desired to correct in the bill submitted herewith. The enactment of this is deemed necessary in order that all medical and surgical functions concerning patients of the War Risk Insurance Bureau be brought under one governmental agency. The bill as drafted provides that the Public Health Service under the direction of the Secretary of the Treasury, shall provide for discharged soldiers, sailors, marines, Army and Navy nurses (male and female), all necessary examinations, out-patient dispensary care and treatment and necessary medical, surgical and hospital services and supplies. These provisions will, if enacted into law, authorize the Public Health Service to discharge for the Federal Board of Vocational Education the same medical and surgical functions as are now discharged for the Bureau of War Risk Insurance. Furthermore, it will specifically authorize these functions which are now being performed for the Federal Board under the authority of regulations.

The provisions proposed in the tentative draft of the bill will authorize the Public Health Service to provide medical relief for the discharged soldiers and sailors of the United States, in addition, under reciprocal agreement, for such of the discharged soldiers and sailors of the powers associated with the United States in the world war, residing in the United States and who make proper application therefor. This is in line with the expressed desires of Congress to bring together all of the civil medical work of the Government thus avoiding duplication and competition among the several departments of the Government. Obviously it would be uneconomical and inefficient

to create new Government medical services especially within the same department with the Public Health Service. The Public Health Service has an organized service which can be expanded to meet the needs of the War Risk Insurance Bureau and the Federal Board for Vocational Education. As stated above, Congress has expressed itself as intending to utilize the Public Health Service for this medical work and the proposal in the tentative bill is in line with this development.

A review of the acts of Congress shows that the Government has obligated itself, through the instrumentality of the Public Health Service, to provide medical, surgical, hospital and sanatorium services and supplies for its beneficiaries, including patients of the Bureau of War Risk Insurance.

It should be borne in mind, in this connection, that H. R. 8778, as enacted in the House of Representatives, places draftees in the above-mentioned categories. The demands which will be made upon the Public Health Service for providing clinical and hospital facilities for patients of the Bureau of War Risk Insurance are set forth in a memorandum which has been submitted to the Secretary of the Treasury by the chief medical adviser of the Bureau of War Risk Insurance, a copy of which is attached hereto.

DEMANDS FOR MEDICAL, SURGICAL, AND HOSPITAL SERVICES AND SUPPLIES FOR PATIENTS OF THE BUREAU OF WAR RISK INSURANCE.

An analysis of these demands shows that there will be a minimum total of 641,000 soldiers, sailors, marines, Army and Navy nurses (male and female) discharged or rejected by camp surgeons with such mental or physical defects as will make them potential patients who may require medical attention from the Public Health Service under the several laws relative to war-risk insurance patients.

HOSPITAL NEEDS.

Of the above number it is estimated that beds will have to be provided within the next two years for approximately 30,660 patients composed as follows:

TABLE 1.—*Beds required within the next 12 months at present rate of increase.*

General, medical and surgical beds	7,200
Neuro-psychiatric	11,060
Tuberculosis	12,400
Total	30,660

In general these patients may be expected to be distributed throughout the country in practically the same proportion as the men who were inducted into the military service by reason of the draft act, designated in this memorandum "the military population." Attached hereto is a table showing this distribution.

TABLE 2.—*Number of military population and percentage of military population by districts, and number of hospital beds required within two years for general medical and surgical patients, tuberculous patients and neuro-psychiatric patients.*

Districts.[1]	Military population.[2]		Hospital beds required within 2 years.			
	Number.	Per cent of total.	General.	Tuberculosis.	Neuro-psychiatric.	Total.
No. 1	252,480	5.30	382	657	586	1,625
No. 2	665,160	13.97	1,006	1,732	1,545	4,283
No. 3	390,240	8.20	590	1,017	907	2,514
No. 4	244,320	5.13	369	636	567	1,572
No. 5	410,400	8.62	621	1,069	953	2,643
No. 6	249,120	5.23	377	649	579	1,605
No. 7	487,680	10.24	737	1,270	1,133	3,140
No. 8	619,200	13.00	936	1,612	1,438	3,986
No. 9	432,480	9.08	654	1,126	1,004	2,784
No. 10	244,320	5.13	369	636	567	1,572
No. 11	96,480	2.03	146	252	225	623
No. 12	163,200	3.43	247	425	379	1,051
No. 13	120,480	2.53	182	314	280	776
No. 14	385,920	8.11	584	1,005	897	2,486
Total	4,761,480	100.00	7,200	12,400	11,060	30,660

[1] For States in each district, see map.
[2] Military population as of Nov. 11, 1918, not including those of Alaska, Hawaii, Porto Rico, and those not allocated.

The table will also show the percentage of beds required in each district, based on the conclusion that this distribution of beds will be practically in the same proportion as the military population according to districts. The above estimates apply to the next two years. Data for the succeeding years are, of course, largely approximate, but there is ample reason to believe that the demands upon the service in this regard will continuously increase in the next few years until it may be expected that the minimum of general beds, 8,000; tuberculous, 14,000; and neuro-psychiatric, 14,000, or a total of 36,000 beds will be required, distributed approximately in the same proportion as the military population.

TABLE 3.—*Number of military population and percentage of military population by districts, and maximum number of hospital beds which will be required at peak of hospitalization for general medical and surgical patients, tuberculous patients, and neuro-psychiatric patients.*

Districts.	Military population.		Hospital beds required at peak.			
	Number.	Per cent of total.	General.	Tuberculosis.	Neuro-psychiatric.	Total.
No. 1	252,480	5.30	424	742	742	1,908
No. 2	665,160	13.97	1,118	1,956	1,956	5,030
No. 3	390,240	8.20	656	1,148	1,148	2,952
No. 4	244,320	5.13	410	718	718	1,846
No. 5	410,400	8.62	690	1,207	1,207	3,104
No. 6	249,120	5.23	418	732	732	1,882
No. 7	487,680	10.24	819	1,434	1,434	3,687
No. 8	619,200	13.00	1,040	1,820	1,820	4,680
No. 9	432,480	9.08	727	1,271	1,271	3,269
No. 10	244,320	5.13	410	719	719	1,848
No. 11	96,480	2.03	162	284	284	730
No. 12	163,200	3.43	275	480	480	1,235
No. 13	120,480	2.53	202	354	354	910
No. 14	385,920	8.11	649	1,135	1,135	2,919
Total	4,761,480	100.00	8,000	14,000	14,000	36,000

CLINICAL DEMANDS.

The above takes into consideration only those patients who require hospitalization. It should be borne in mind that there is a great need for a machinery which will not only furnish expert examination for claimants under the Bureau of War Risk Insurance laws, but which will also provide out-patient relief to patients of the War Risk Insurance Bureau. In this connection it may be pointed out that out-patient offices should properly be way stations to and from the hospital, so that patients could be examined carefully by specialists and sent to hospital for treatment and upon discharge referred to the out-patient clinics in order that a supervision may be kept over the patient with a view of preventing a recurrence of the ailment for which he has been treated in the hospital. This would be a matter of great accommodation and benefit to patients and would effect a very considerable economy for the Government. Furthermore, it must be remembered that there will be a demand for the clinics by patients who will not require hospitalization.

Out-patient clinics as contemplated in this memorandum will provide what is known as group medical practice for the military population. In such groups there will be a director and associated with him specialists in every line of medical treatment, clinical and laboratory diagnosis. The patient, when he enters such a clinic, will have the advantage of specialists' advice and will automatically pass under the observation of every specialist whose services may be required in the diagnosis and treatment of his ailment. An illustration of such group practice may be found in the Mayo Clinic at Rochester, Minn. About 200 such clinics may be ultimately required. Their distribution throughout the districts will depend upon the distribution of the Public Health Service hospitals and the military population.

In considering the estimate of 200 clinics, it may be found advisable to utilize in part the existing high class civil institutions or to reduce the cost of the establishment and maintenance of new clinics by inducing State or municipal health authorities to enter into partnership and bear a just proportion of the expense and utilize the clinics jointly for caring for the military and civil population in the same clinic. By this arrangement it may be possible to maintain clinics at a cost somewhat below the amount estimated for a unit.

In this program for meeting clinical demands no estimate has been submitted for the cost of establishing clinics owing to the fact that the Public Health Service has now on hand a large part of the equipment which will be required. The question of the housing of clinics will be one of rental rather than one of purchase. Later the matter of acquiring sites and buildings may be considered.

In the consideration of a possible partnership between the Public Health Service and State or municipal authorities for the establishment of clinics for the joint use of the military and civil population, it should be stated that no such partnership will be entered into until it is established beyond doubt that the civil authorities have maintained or will maintain such institutions in a high-class manner.

FACILITIES AT HAND.

An attempt has been made to set forth in the preceding paragraphs an exposition of the demands which it may be reasonably expected will be made upon the Public Health Service in the near future. To meet the foregoing demands the Public Health Service has already the clinical and hospital facilities as shown by the following table:

TABLE 4.—*Number of beds available in United States Public Health Service Institutions, Oct. 11, 1919.*

District and hospitals.	Number of beds available.			
	General.	Tuberculosis.	Neuropsychiatric.	Total.
District No. 1	849	.....	300	1,149
Boston (marine)	80	.....	.....	80
Boston (General No. 10)	700	.....	.....	700
Portland, Me	45	.....	.....	45
Vineyard Haven, Mass	24	.....	.....	24
East Norfolk, Mass	.....	.....	300	300
District No. 2	1,122	500	455	2,077
Buffalo, N. Y	48	.....	.....	48
New York (polyclinic)	340	.....	.....	340
New York (Stapleton)	284	.....	.....	284
New York (Ellis Island)	450	.....	.....	450
New Haven, Conn	.....	500	.....	500
Cape May, N. J	.....	.....	205	205
Dansville, N. Y	.....	.....	250	250
District No. 3	60	.....	500	560
Pittsburgh, Pa. (marine)	60	.....	.....	60
Pittsburgh, Pa. (Parkview)	.....	.....	500	500
District No. 4	555	.....	.....	555
Baltimore, Md	160	.....	.....	160
Norfolk, Va	220	.....	.....	220
Perryville, Md	100	.....	.....	100
Washington, D. C	75	.....	.....	75
District No. 5	182	850	.....	1,032
Key West, Fla	50	.....	.....	50
Memphis, Tenn	53	.....	.....	53
Savannah, Ga	79	.....	.....	79
Greenville, S. C	.....	850	.....	850
District No. 6	699	.....	.....	699
Alexandria, La	500	.....	.....	500
Mobile, Ala	44	.....	.....	44
New Orleans, La	155	.....	.....	155
District No. 7	188	.....	.....	188
Cleveland, Ohio	76	.....	.....	76
Evansville, Ind	40	.....	.....	40
Louisville, Ky	72	.....	.....	72
District No. 8	805	.....	300	1,105
Cairo, Ill	38	.....	.....	38
Chicago (marine)	140	.....	.....	140
Chicago (General No. 2)	545	.....	.....	545
Detroit, Mich	82	.....	.....	82
Waukesha, Wis	.....	.....	300	300
District No. 9	620	75	.....	695
St. Louis (General No. 40)	620	.....	.....	620
St Louis (marine)	.....	75	.....	75
District No. 11: Fort Stanton, N. Mex	.....	217	.....	217

TABLE 4.—*Number of beds available in United States Public Health Service Institutions, Oct. 11, 1919*—Continued.

District and hospitals.	Number of beds available.			
	General.	Tuberculosis.	Neuropsychiatric.	Total.
District No. 12	160	850	.....	1,010
San Francisco, Calif.	160	.....	.....	160
Palo Alto, Calif.[1]	.....	850	.....	850
District No. 13: Port Townsend, Wash.	92	.....	.....	92
District No. 14: Corpus Christi, Tex.[2]	235	.....	.....	235
Total in all districts	5,567	2,492	1,555	9,614

[1] To be replaced by Byron Hot Springs (200) and Franklin (450).
[2] Temporarily closed on account of storm.

These facilities are already in use by the beneficiaries of the service. In addition to the hospital and sanatorium facilities of the Public Health Service as shown in Table 4, the following, Table 5, will show the number of hospitals and the number of beds reported available in civil institutions for the care of the beneficiaries of the service as of October, 1919:

TABLE 5.—*Beds available in civil institutions for service men, by districts.*

District.	All classes of beds.		Tuberculosis beds.		Mental beds.		General beds.	
	Total number.	Number per 100,000 service men.	Total number.	Number per 100,000 service men.	Total number.	Number per 100,000 service men.	Total number.	Number per 100,000 service men.
All districts	[1] 12,998	324.2	[2] 3,110	77.6	[3] 1,949	48.6	[4] 7,939	198.0
No. 1	1,802	776.3	412	177.5	434	187.0	956	411.9
No. 2	1,349	230.9	629	107.7	78	13.4	642	109.9
No. 3	1,192	371.0	249	77.5	220	68.5	723	225.0
No. 4	1,175	575.8	142	69.6	376	184.2	657	322.0
No. 5	382	115.0	64	19.3	.....	.....	318	95.7
No. 6	676	335.4	152	75.4	44	21.8	480	238.2
No. 7	900	231.5	362	93.1	33	8.5	505	129.9
No. 8	2,833	548.7	382	74.0	297	57.5	2,154	417.2
No. 9	543	151.6	55	15.4	137	38.3	351	98.0
No. 10	.....	.....	.....	.....	.....	.....	.....	.....
No. 11	205	244.1	150	178.6	40	47.6	15	17.9
No. 12	1,469	990.0	407	274.3	269	181.3	793	534.4
No. 13	35	31.7	25	22.7	.....	.....	10	9.1
No. 14	437	134.8	81	25.0	21	6.5	335	103.3

[1] 846 institutions. [2] 180 institutions. [3] 84 institutions. [4] 582 institutions.

A survey made by the district supervisors shows that a certain proportion of the beds in existing civil institutions are available for treatment of war-risk insurance patients. This is also shown in Table 5.

At the present writing there are about 4,500 patients in the Public Health Service hospitals and about 3,200 in civil institutions. Of the 4,500 in Public Health Service hospitals about 3,100 are war-risk insurance patients. The 3,200 in civil institutions are war-risk insurance patients.

War-risk insurance patients in service hospitals and civil institutions are shown according to general classification of large groups of disease in the following table:

TABLE 6.—*War-risk insurance patients in hospitals.*

Public Health Service hospitals:		Civil institutions:	
Tuberculosis	1,088	Tuberculosis	1,191
Neuro-psychiatric	547	Neuro-psychiatric	1,665
General	1,414	General	317
Total	3,050	Total	3,173

At the present time the Government is throwing an undue load upon the several States and communities in the care of these classes of patients and in some instances local patients are being denied treatment because of the fact that beds are occupied by war-risk insurance patients.

The experience so far obtained in the treatment of war-risk insurance patients shows that it is highly desirable to provide Public Health Service hospitals as rapidly as possible for the tuberculous and neuro-psychiatric patients, and to not depend to any great extent upon civil or State institutions for the care and treatment of these patients. Difficulty has been experienced in securing satisfactory contracts with hospitals for the care and treatment of war-risk insurance patients.

In regard to tuberculous and neuro-psychiatric patients the treatment in civil institutions has not always been satisfactory. In a number of instances it has been necessary to discontinue the use of certain sanatoria and to transfer the patients to other institutions. In high-class civil institutions for general hospital patients it is believed that the care and treatment has been and will continue to be satisfactory wherever these institutions have attempted to supply hospital treatment for war-risk insurance patients.

TUBERCULOSIS.

As has been shown by the preceding table, a total of 12,400 beds will shortly be required to provide adequate treatment for the tuberculous patients of the war-risk insurance. At present the Public Health Service is operating four tuberculosis sanatoria with an approximate bed capacity of 2,400. Fully 50 per cent of the tuberculous patients under treatment are in civil institutions. The total number of patients now under treatment is 2,233, of which 1,057 are in Public Health Service hospitals and 1,176 in civil institutions. The total increase in the number in hospitals in September was about 25 per cent over the preceding month. In view of the experience of the service in hospitalization of tuberculous patients in civil institutions it is believed that the Public Health Service should within the next two years provide sanatoria in suitable locations with a minimum capacity of 10,000 beds. This would require the buying or building of institutions for this purpose. The matter of the location of these institutions is one which will require careful study and consideration, since not every climate nor every location in a good climate is well suited for the treatment of tuberculosis. In this connection due consideration should be given to the psychology of the

tuberculous patients, it being borne in mind that there is a widespread belief that the dry and arid regions of the West and Southwest are absolutely essential to the cure of this disease. Whether or not this is true will not be discussed here, but this popular belief has a decided influence on the mental attitude of the various tuberculous patients. In view of the foregoing, it is highly desirable not to fix in the act sites for any of the tuberculosis hospitals.

NEURO-PSYCHIATRIC CASES.

Table No. 1 given above indicates that in the near future provisions will have to be made for the hospitalization of approximately 11,000 of these patients in special institutions. It will also be necessary to provide separate institutions according to the nature of the nervous or mental disorders to be treated. This will necessitate the providing of proper institutions for epileptic, feeble-minded, insane, and psychoneurotic patients. All these institutions should be grouped under the general phrase "Neuro-psychiatric" in order that patients receiving treatment therein may not in after years bear the stigma of having been committed to an insane asylum.

An analysis of the above table shows that the maximum number of beds at present available for this class of patients is 1,500. This number should be increased by approximately 9,500 within the next two years, in order to meet the demands of the situation. There are at present 2,100 neuro-psychiatric patients under treatment of which 75 per cent are in civil institutions. The number under treatment increased during September at the rate of 15 per cent.

Reference to the chart accompanying the report of the chief medical adviser, shows that the number of insane patients is expected to reach its maximum in 1929, at which time about 4,900 beds will probably be required.

The psychoneurotic cases are expected to reach the maximum at about 1928, at which time it is estimated a little more than 2,000 beds will be required.

The injuries and disease of the central nervous system are expected to reach a maximum of about 1,100 in 1921, and continue at that rate for about 15 years.

The epileptic beds required will almost reach their maximum within the next three or four years, but unfortunately the demand for this type of bed is not expected to diminish for about 25 years.

It is not altogether easy to make an estimate in the case of the feeble-minded, but it is believed that during the next ensuing 20 years at least 1,000 beds will be required on the basis that these patients will spend only about one-third of their time in hospitals.

As in the case of tuberculosis, the experience with civil hospitals with the nervous and mental patients of the War Risk Insurance Bureau has shown that the Public Health Service should provide Government institutions for the care and treatment of these patients and not to depend to any great extent upon civil institutions for this purpose. The service has already in operation five hospitals with bed capacity of 1,555 for this purpose. To make adequate provisions hospitals will have to be acquired or built to provide within the next two years for approximately 9,500 beds.

At the present time the State hospitals for the insane are for the most part overcrowded and inadequate to meet the needs of the

civilian population, without being forced to care for the large number of cases which have resulted from and have been discovered during the recent war.

Up to the present time all States, with the exception of one, have agreed to receive insane patients of the War Risk Insurance Bureau into one or more of their State insane asylums. Almost invariably, however, they have done this entirely as a patriotic act and at considerable trouble and sacrifice to the needs of their own population. Only the frankly insane can be treated in such institutions. In view of the extensive program for mental hygiene, which is now being made in many States, it is entirely probable that many civilian cases, which have escaped attention, will require hospitalization at an early date. This will add to the State burden and therefore make it more urgent that the Government should relieve the State institutions of caring for war-risk insurance patients in so far as practicable.

As in the case of the institutions for the treatment of tuberculosis, the location of the institutions for the care of the neuro-psychiatric patients is one requiring expert study; it will depend in part upon the location of the existing institutions of the Government, the distribution of the military population or the distribution of the neuro-psychiatric patients. Endeavor should be made, however, to so locate these institutions that patients will be under treatment at no very great distance from their homes, thus making it possible for their friends and relatives to visit them at reasonable intervals. In this connection cognizance should also be taken of the number and availability of existing local institutions.

GENERAL, MEDICAL, AND SURGICAL PATIENTS.

Reference to Table 1 given above will show that in the very near future the number of war-risk patients requiring general, medical, and surgical care will be approximately 7,200. At present the Public Health Service has 3,300 available beds for these patients in hospitals owned by the service. It must be stated, however, that one of these hospitals is in an old Army camp, which must be abandoned at the earliest practicable date unless the buildings are replaced by modern fire-resisting structures. Furthermore, ex-soldiers and sailors do not like these hospitals, suggesting as they do the conditions under which their disabilities arose. The cost of maintenance and operation of hospitals of this character is excessive. It is not expected that the service will be able to abandon this hospital in the next fiscal year, however. Therefore, 3,900 additional beds should be provided within the next two years. In addition to the above the hospitals now operated by the Public Health Service are so distributed as to provide for the districts in a uniform manner.

It has been the policy of the Public Health Service and the War Risk Insurance Bureau to provide for the hospitalization of patients as near to their homes as possible and to this end regulations have been adopted for hospitalization of patients according to districts. This makes it impracticable to utilize all of the beds in some districts at one time. As a consequence there are in some districts a number of vacant beds at certain times, while in other districts there is a great shortage of beds. With a view to eliminating the camp hospitals at the earliest practicable moment 4,750 beds should be pro-

vided. Following out the principle of providing hospitals to accommodate war-risk insurance patients as near their homes as practicable at least one hospital should be provided in every State, the size of each depending upon the needs of the military population. In such States where it is impracticable to build Public Health Service hospitals provisions should be made in those States for the securing of the same by rental of wards in well-conducted general hospitals of high character where there will be no question as to the character of treatment which will be provided. However, it will be necessary, if such general hospitals are utilized, to provide an adequate system of inspection, in order to guarantee that the war-risk insurance patients receive adequate and proper treatment.

The above estimate of a total of 30,660 beds which will be needed by the Public Health Service within the next two years is based upon the data submitted in the report of the chief medical adviser of the Bureau of War Risk Insurance to the Secretary of the Treasury. Another estimate of the bed requirements for hospitalization of the beneficiaries of the Public Health Service based upon the experience of the rate of hospitalization in Public Health Service hospitals from April 28, 1919, to October 11, 1919, a period of 24 weeks, has been considered. This estimate shows that the number of patients in Public Health Service hospitals increased from 1,650 occupied beds to a total of 4,900, during the 24 weeks. The estimate also sets forth the fact that in addition to the 4,900 beds occupied in the Public Health Service hospitals, there is a total of over 3,100 patients of the War Risk Insurance Bureau in civil hospitals. Experience has shown that the weekly increase of hospitalization in civil institutions has taken place in about the same proportion as in the Public Health Service hospitals, a total of 8,000 patients now being hospitalized, in both Public Health Service hospitals and civil institutions. If the increase which has occurred in Public Health Service hospitals during the past 24 weeks should continue for the next 12 months (52 weeks), there would be a total of 6,760 additional occupied beds in Public Health Service hospitals. If the increase noted for the Public Health Service during the last 24 weeks holds good for the number hospitalized in civil institutions, the number in civil hospitals at the end of the next 12 months (52 weeks) would also increase by 6,760 occupied beds. This would make a total requirement of 21,620 beds which would have to be supplied by the Public Health Service hospitals or civil institutions as follows:

Total now in Public Health Service hospitals	4,900
Total now in civil hospitals	3,200
Estimated increase in Public Health Service hospitals during the next 12 months	6,760
Estimated increase in civil hospitals during the next 12 months	6,760
Total number of patients in Public Health Service and civil hospitals during the next 12 months	21,620

This number, 21,620, is 9,040 less than the number, 30,660 estimated by the chief medical adviser of the Bureau of War Risk Insurance. This difference is accounted for by the fact that the chief medical adviser based his estimate of beds required upon the presumption that the bill, H. R. 8778, as enacted in the House of Representatives will become a law, and add many thousand more potential beneficiaries to come under compensation.

UTILIZATION OF HIGH-CLASS CIVIL INSTITUTIONS.

In the plan as presented above for the care of war risk insurance patients, it will be noted that recommendation is made for the hospitalization in public-health institutions of a large majority of all tuberculous and neuro-psychiatric patients. As stated, the care and treatment of these patients in civil institutions is not proving entirely satisfactory. However, in the case of general, medical and surgical patients, the experience in the utilization of high-class civil institutions has been and may be expected to continue reasonably satisfactory.

In the plan it is therefore proposed to utilize to a certain extent the high-class civil institutions for the hospitalization of general, medical, and surgical patients. It is believed that arrangements can be made with these institutions which would prove satisfactory if Congress will authorize the making of leases with them to extend over a period of 10 years under supervision by the Public Health Service. In such a plan it would be necessary to contract for such services by taking over a whole unit or ward and contract for medical and hospital care of such patients as may be assigned to a unit or ward without regard to whether or not every bed was occupied. This plan would segregate the war-risk patients from the general free wards of such institutions and would place them practically on the same basis as pay patients of the institutions. Furthermore, the institution would be paid a reasonable amount for such services, no part of which would be accepted from the institutions by the Government on a charity or teaching basis.

In all such institutions medical officers of the Public Health Service would be assigned to duty to see to it that the war-risk patients receive all proper hospital care. The officer would be in charge of the medical care with instructions to utilize the staff of the hospital on a salary or fee basis when the services of consultants might be needed. The utilization of civil institutions on this basis would be contracted for only in case it was not found practicabie to establish a Government hospital. But before making such a contract it would have to be established that there would be a sufficient number of beneficiaries to justify a contract as outlined above.

This utilization of civil institutions would, if practiced on a small scale, provide for at least some hospital facilities in every State in the Union. By this method the Public Health Service could provide more easily accessible hospital service for beneficiaries other than tuberculous or neuro-psychiatric. If easily accessible, those needing general hospital care will be more likely to avail themselves of such service and would not be so likely to delay treatment until it is too late. In fact, it is reasonable to expect that many patients would not avail themselves of hospital service if they had to travel long distances to reach the Government hospital.

The use of civil institutions should not in any way preclude the building of Public Health Service hospitals in such centers as the expectancy of war-risk insurance patients might justify. Furthermore, the use of units in civil institutions would be in the nature of evacuation hospitals where patients would be collected and later transferred to Public Health Service hospitals, especially those cases where the treatment might be expected to be prolonged or where certain highly specialized consultants might be required.

The plan proposed would probably meet with the highest approval and cooperation of the civil institutions and the medical profession of the country because such practice would eliminate the possibility of competition between the Public Health Service and civil institutions and the medical profession in a given locality. Such a plan has made it possible for the Public Health Service to reduce its estimate for hospital beds by several millions of dollars, but it can not be adopted as the solution of the entire problem. It should be stated, however, that part of such a saving to the Government would be offset by the possible higher per diem cost of providing for patients in civil institutions. One favorable point for consideration is that such a practice would improve the general hospital situation in the country and raise the standard for hospitalization. This would undoubtedly be of the highest service to the civil population in future years.

ORTHOPEDIC PATIENTS.

In order to supply highly specialized medical, surgical and hospital services, supplies and apparatus for the physical reconstruction of the maimed and disabled soldiers, sailors and marines who have suffered mutilating injuries in the war with Germany, it will be necessary provide at least one large orthopedic hospital of 500 beds. This hospital should be properly equipped and manned. This will require the installation of highly specialized electrical, hydrotherapeutic, mechanical and other like apparatus. It will also be necessary to locate this hospital in a large medical center where the services of the best specialists can be had in consultation. In order to provide for expansion, in the case of need, the site should be sufficiently large to permit of extension, as the needs of such services may require.

MEDICAL SUPERVISION.

This bill also provides for medical supervision of all discharged soldiers, sailors, marines, Army and Navy nurses (male and female) and authorizes the Public Health Service to furnish medical care and treatment to any discharged soldier, sailor and marine irrespective of date of receipt of the injury or disease.

Under the present law discharged soldiers and sailors are not entitled to medical relief unless they are compensable under the war-risk insurance act as at present construed. They are not compensable under that act unless they have at least 10 per cent disability. This operates to exclude from hospital care those who have less than 10 per cent disability. There are doubtless thousands of soldiers and sailors who have been discharged, and by reason of their service in the trenches have suffered injuries, which though not causing 10 per cent disability at present, will eventually result in serious disability if not cared for properly now. It is hardly necessary to point out here that the aftereffects of influenza, pneumonia, bronchitis, tonsilitis, eye and ear diseases, defective teeth and the like will eventually result in disabilities which will bring these men under compensation of the War Risk Insurance Bureau. Furthermore, it is a well-known fact that if these men are properly cared for now and receive proper treatment, without regard to the 10 per cent

disability, it will delay the date when they will come under compensation and in many cases prevent disabilities which would bring them under compensation.

In addition to this class, there is another large class of the military population who were inducted into the service with certain physical and mental defects, which have been aggravated by the military service which have not as yet cause a 10 per cent disability. This class should also be brought under medical supervision in order to delay or prevent their coming under compensation.

There is another group of patients who were discharged with disabilities which are liable to be aggravated by sickness contracted after discharge. For example, a man discharged with arrested tuberculosis is liable to have the disease made active by contracting colds, bronchitis, influenza, pneumonia and the like. It can readily be seen that all such men should be carefully treated for any disease from which they may suffer at any time in the near future because such care will delay or prevent them from coming under compensation.

There is still further another group composed of those who hold the life insurance policies upon which the Government is obligated to pay the insurance in case of death or certain disabilities. It is obviously good business to keep these policyholders under medical supervision in order to prevent disability and to defer death claims. Large life insurance companies have for sometime recognized this fact and are endeavoring to have their policyholders kept under medical supervision and examined by the company's physician at least once a year, without regard to whether or not they are sick.

From the above it will be seen that in order to provide for all possible contingencies the only remedy would be to enact a law which would provide governmental medical care for all discharged soldiers and sailors. This is apparent because there is such a large proportion of the discharged men who will require governmental medical care in order to safeguard the interest of the Government.

In the tentative draft of the bill there is therefore included a section that the Public Health Service provide medical care and treatment for all discharged soldiers, sailors, marines, Army and Navy nurses (male and female), and patients of the War Risk Insurance Bureau.

The provision to bring all of the former military population under medical benefits will operate to save the Government millions of dollars in preventing or deferring the payment of compensation and insurance claims. This, in addition to the enormous economic saving, which will accrue to the country by providing medical supervision for such a large portion of the population at the greatest productive age period. It is a well-known fact and one which has been taken cognizance of by all industrial insurance corporations, that it is a wise plan to keep all insured persons under medical supervision. In their experience it has saved them thousands of dollars in the payment of compensation and insurance claims. All progressive large business establishments now provide medical supervision for their employees. Similar provision in this bill is for economic reasons followed out and similarly planned for the discharged soldiers, sailors and marines.

The estimates of the number of beds in the above plan to properly hospitalize all patients of the War Risk Insurance Bureau is based upon those who are entitled to medical care under the present law, and those who will be entitled if H. R. 8778, which has already passed the House shall become a law in its present form.

If the proposal in the tentative draft of the bill is accepted by Congress and becomes a law, it will therefore be necessary to increase very largely the estimates of the number of beds which will be required.

CONCLUSIONS.

A review of the estimates for hospital beds which will be required within the next two years for war-risk insurance patients may be summed up as follows:

First. The chief medical adviser, Bureau of War Risk Insurance, estimates that approximately 30,660 hospital beds will be required for war-risk patients by the end of the next two years. This is based on the assumption that H. R. 8778 will become a law as it passed the House of Representatives extending the benefits of the War Risk Insurance Bureau to draftees discharged by camp surgeons for disabilities and limited service men.

Second. An estimate based on the rate of increase during the past 24 weeks shows that if the present rate continued for one year (52 weeks), there would be then 21,620 occupied hospital beds. If the present rate of increase is further increased by adding to the beneficiaries those discharged by camp surgeons and limited service men, the estimate of the chief medical adviser, Bureau of War Risk Insurance, of a requirement of 30,660 hospital beds by the end of two years is approximately correct, especially if there is a moderate increase during the second year which is the time limit on the chief medical adviser's estimate.

Third. The grouping of the patients will be about as follows:

General, medical and surgical	7,200
Tuberculosis	12,400
Neuro-psychiatric	11,060
Total estimated as required within 2 years	30,660

Fourth. The Public Health Service has in Government-owned or leased hospitals beds grouped as follows:

General, medical and surgical	3,300
Tuberculosis	2,400
Neuro-psychiatric	1,500
Total now operated by Public Health Service	7,200

Fifth. The additional number of beds required by the Public Health Service within the next two years, based on the estimate of the chief medical adviser, Bureau of War Risk Insurance, would be approximately as follows:

General, medical and surgical	3,900
Tuberculosis	10,000
Neuro-psychiatric	9,500
Total additional beds required by Public Health Service	23,400

Sixth. Appropriation required to provide the Public Health Service with the additional beds is estimated by the architect as follows:

General, medical and surgical, 3,900 beds at $3,250	$12,675,000
Tuberculosis, 10,000 beds at $3,250	32,500,000
Neuro-psychiatric, 9,500 beds at $3,500	33,250,000
Total appropriation required for acquiring buildings for 23,400 beds within next 2 years	78,425,000
Furniture and equipment, 23,400 beds at $300 per bed	7,020,000
Total for buildings, furniture, and equipment	85,445,000

Very respectfully,

RUPERT BLUE.

TABLE 7.—*Number of beds in all civil hospitals per 100,000 population and per 100,000 service men, by districts.*[1]

District.	Population.[2]	Number of service men.[3]	Number of beds in civil hospitals.[4]	Number of beds per 100,000.	
				Population.	Servicemen.
Continental United States	106,871,294	4,009,079	776,110	726	19,359
No. 1	6,141,326	232,116	63,347	1,031	27,291
No. 2	15,287,505	584,137	181,402	1,187	31,055
No. 3	9,154,813	321,282	77,011	841	23,970
No. 4	5,496,056	204,064	37,558	683	18,405
No. 5	10,451,174	332,312	35,611	341	10,716
No. 6	6,365,566	201,554	19,596	308	9,722
No. 7	10,631,386	388,808	80,902	761	20,808
No. 8	12,154,362	516,328	89,024	732	17,242
No. 9	8,898,319	358,154	59,028	663	16,481
No. 10	4,449,395	203,350	30,942	695	15,216
No. 11	2,151,445	83,981	14,287	664	17,012
No. 12	3,608,817	149,382	41,195	1,142	27,763
No. 13	3,116,606	110,330	20,958	672	18,996
No. 14	8,972,125	324,281	25,249	281	7,786
No. 15	.....	24,328	5,291	.....	21,749

[1] Tables 7 and 8 are imperfect. They are based upon figures obtained from the directory of hospitals, sanatoria, and allied institutions. The institutions listed are not all hospitals, but comprise homes for the aged, homes for the blind, etc. Due to the lack of information it was difficult to separate the allied institutions from bona fide hospitals. All institutions as listed were therefore considered in compiling the data. Bed capacity was not given for all institutions.

[2] Bureau of the Census estimate July 1, 1919. The estimate for the United States as a whole differs slightly from the total of the estimates by States.

[3] War Department records.

[4] Directory of hospitals, sanatoria, and allied institutions, published by Modern Hospital Publication Co.

TABLE 8.—*Number of hospitals, sanatoria, and similar institutions in the United States with bed capacity, by Districts and by States.*[1]

Districts and States.	Total number of institutions listed.	Number of institutions where capacity is not given.	Number of beds in all institutions where capacity is given.
District No. 1	762	139	63,347
Maine	73	14	4,382
Vermont	47	6	2,926
New Hampshire	79	11	4,735
Massachusetts	500	96	44,434
Rhode Island	63	12	6,870
District No. 2	1,257	268	181,402
New York	957	219	144,751
Connecticut	100	21	12,224
New Jersey	200	28	24,427
District No. 3	611	109	77,011
Pennsylvania	588	100	76,147
Delaware	23	9	864
District No. 4	444	133	37,538
Virginia	100	22	7,992
West Virginia	113	41	5,937
Maryland	162	41	15,414
District of Columbia	69	29	8,215
District No. 5	495	97	35,611
Tennessee	132	17	11,667
North Carolina	137	25	8,362
South Carolina	53	6	4,190
Georgia	122	31	8,120
Florida	51	18	3,263
District No. 6	260	61	19,596
Louisiana	98	30	8,170
Mississippi	53	7	5,753
Alabama	109	24	5,673
District No. 7	797	167	89,902
Ohio	410	76	59,595
Kentucky	145	31	12,526
Indiana	242	60	17,781
District No. 8	951	138	89,024
Illinois	389	42	45,341
Wisconsin	275	45	20,239
Michigan	287	51	23,444
District No. 9	761	155	59,028
Nebraska	129	26	7,803
Kansas	150	20	10,676
Iowa	242	50	17,042
Missouri	240	59	23,507
District No. 10	514	96	30,942
North Dakota	78	20	3,056
South Dakota	54	20	3,867
Minnesota	265	33	19,110
Montana	117	23	4,909
District No. 11	310	85	14,287
Wyoming	42	13	1,292
Utah	60	28	2,184
Colorado	154	31	8,333
New Mexico	54	13	2,478
District No. 12	701	196	41,195
California	518	161	33,161
Nevada	115	20	5,851
Arizona	68	15	2,183
District No. 13	345	73	20,958
Washington	175	24	12,286
Oregon	116	36	6,685
Idaho	54	13	1,987
District No. 14	1,010	93	25,249
Texas	245	61	15,023
Oklahoma	700	21	5,473
Arkansas	65	11	4,753
District No. 15	104	19	5,291
Alaska	23	6	434
Porto Rico	45	3	1,423
Hawaii	29	8	1,569
Canal Zone	7	2	1,865
All districts	9,322	1,829	781,401

[1] See footnote No. 1 on Table 7.

TABLE 9.—*Population and service men in continental United States, in absolute numbers and percentages, by districts and States.*

District and State.	Number.		Per cent.	
	Population.[1]	Service men.[2]	Population.	Service men.
Continental United States	106,871,294	4,009,079	100.00	100.00
District 1	6,141,326	232,116	5.75	5.79
Maine	787,042	26,552	.74	.66
Vermont	367,439	11,223	.34	.28
New Hampshire	448,274	14,970	.42	.37
Massachusetts	3,889,607	157,101	3.64	3.92
Rhode Island	648,964	22,270	.61	.56
District 2	15,287,505	584,137	14.30	14.57
Connecticut	1,307,163	55,218	1.22	1.38
New York	10,833,795	410,569	10.14	10.24
New Jersey	3,146,547	118,350	2.94	2.95
District 3	9,154,813	321,282	8.56	8.01
Pennsylvania	8,936,091	313,297	8.36	7.81
Delaware	218,722	7,985	.20	.20
District 4	5,496,056	204,064	5.14	5.09
Virginia	2,255,036	78,528	2.11	1.96
West Virginia	1,463,729	55,895	1.37	1.40
Maryland	1,395,405	51,700	1.30	1.28
District of Columbia	379,886	17,945	.36	.45
District 5	10,451,174	332,312	9.78	8.29
Tennessee	2,337,879	80,139	2.19	2.00
North Carolina	2,497,668	74,705	2.34	1.86
South Carolina	1,683,664	54,284	1.57	1.36
Georgia	2,973,394	86,973	2.78	2.15
Florida	961,569	36,211	.90	.92
District 6	6,385,566	201,564	5.96	5.03
Louisiana	1,912,603	71,271	1.79	1.78
Mississippi	2,026,361	56,740	1.90	1.41
Alabama	2,426,602	73,543	2.27	1.84
District 7	10,631,386	388,808	9.95	9.70
Ohio	5,335,543	205,852	4.99	5.13
Kentucky	2,423,001	77,983	2.27	1.95
Indiana	2,872,842	104,973	2.69	2.62
District 8	12,154,362	516,328	11.37	12.88
Illinois	6,400,473	272,235	5.99	6.79
Michigan	3,173,089	142,397	2.97	3.55
Wisconsin	2,580,800	101,696	2.41	2.54
District 9	8,898,319	358,154	8.33	8.93
Nebraska	1,309,627	49,614	1.23	1.24
Kansas	1,896,520	66,645	1.78	1.66
Iowa	2,224,771	101,638	2.08	2.53
Missouri	3,467,401	140,257	3.24	3.50
District 10	4,449,395	203,350	4.16	5.07
North Dakota	817,554	27,253	.76	.68
South Dakota	753,897	30,130	.71	.75
Minnesota	2,378,128	106,918	2.22	2.67
Montana	499,816	39,049	.47	.97
District 11	2,150,445	83,981	2.01	2.10
Wyoming	195,791	12,223	.18	.30
Utah	463,431	19,421	.44	.49
Colorado	1,040,842	38,751	.97	.97
New Mexico	450,381	13,586	.42	.34

TABLE 9.—*Population and service men in continental United States, in absolute numbers and percentages, by districts and States*—Continued.

District and State.	Number.		Per cent.	
	Population.[1]	Service men.[2]	Population.	Service men.
District 12	3,608,817	148,382	3.38	3.70
California	3,209,792	131,484	3.01	3.29
Nevada	118,745	5,488	.11	.12
Arizona	280,280	11,410	.26	.29
District 13	3,116,606	110,330	2.92	2.75
Oregon	914,493	34,430	.86	.86
Idaho	478,356	20,467	.45	.51
Washington	1,723,757	55,433	1.61	1.38
District 14	8,972,125	324,281	8.39	8.09
Texas	4,687,136	174,061	4.38	4.34
Oklahoma	2,465,402	84,909	2.31	2.12
Arkansas	1,819,587	65,311	1.70	1.63

[1] Bureau of the Census estimate for July 1, 1919. [2] War Department reports.

[House Document No. 1294, Sixty-fifth Congress, second session.]

TREASURY DEPARTMENT,
OFFICE OF THE SECRETARY,
Washington, September 20, 1918.

The SPEAKER,
House of Representatives,
Washington, D. C.

SIR: I have the honor to submit herewith a tentative draft of legislation, with the request that the same be referred to the Committee on Public Buildings and Grounds for immediate consideration:

"*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,* That the Secretary of the Treasury be, and he is hereby, authorized and directed to provide immediate additional hospital and sanatorium facilities for the care and treatment of discharged, sick, and disabled soldiers and sailors, patients of the War Risk Insurance Bureau, and for others entitled to treatment by the Public Health Service, by lease or purchase of existing plants or the construction of new hospitals and Sanatoria, to include the necessary buildings, with their appropriate mechanical equipment and approach work, including roads leading thereto, for the accommodation of patients, officers, nurses, attendants, storage, laundries, and live stock, on sites now owned by the Government, or on new sites to be acquired by purchase or otherwise at such places as he may elect, including the remodeling of such of the existing or authorized buildings and their equipment, owned by the United States, as may be necessary to economically adapt such facilities to those herein provided, at the sanatorium at Fort Stanton, N. Mex., and at such of the marine hospitals where increased facilities can be placed, at a limit of cost for sites and buildings, and so forth, as aforesaid, complete, of $9,700,000, or as much thereof as may be found necessary; for miscellaneous furniture and equipment for the above, $800,000; in all, $10,500,000, and the above amounts are hereby authorized, and when appropriated to be immediately available and remain available until expended.

"The Secretary of the Treasury, in securing additional sites herein provided for, may request the Secretary of War, the Secretary of the Navy, the Secretary of Agriculture, or the Secretary of the Interior to transfer to the Treasury Department such lands or parts of land under their control, not required for other purposes, as may be found suitable for this use, and they are hereby authorized to make such transfer as may be in the interest of the Government.

"In carrying the foregoing authorization into effect, the Secretary of the Treasury may enter into contracts for the lease or purchase of existing buildings, grounds, and equipment, or purchase materials and labor in open market, or otherwise, and employ laborers and mechanics for the construction of such buildings and their equipment as in his judgment shall best meet the public exigencies, within the limits of this authorization.

"And the Secretary of the Treasury is hereby authorized, in his discretion, to employ, for service within or without the District of Columbia, without regard to civil-service laws, rules, and regulations, and to pay from the sums hereby authorized, at customary rates of compensation, such additional technical and clerical services as may be necessary, exclusively to aid in the preparation of the drawings and specifications for the above-mentioned objects and the supervision of the execution thereof, for traveling expenses, and printing incident thereto, at a total limit of cost for such additional technical and clerical services and traveling expenses, and so forth, of not exceeding $330,000 of the above-mentioned limit of cost."

Attached hereto are photostatic copies of certain reports and recommendations, which are self-explanatory and show the necessity for the above legislation.

Respectfully,

W. G. McAdoo, *Secretary.*

Treasury Department,
Bureau of War Risk Insurance,
Washington, June 30, 1918.

The Secretary of the Treasury.

Subject: Need of enlarged hospital facilities.

Sir: 1. I have the honor to invite your attention to the care and treatment of men who have been discharged from the military and naval forces of the United States who are beneficiaries of the Bureau of War Risk Insurance, and are in immediate need of sanatorium facilities.

2. Under the provisions of the amended act of October 6, 1917, defining the duties of this bureau it is provided in article 3, section 300, paragraph 3, that the sick or injured beneficiaries "shall be furnished by the United States such reasonable governmental medical, surgical, and hospital services and with such supplies, including artificial limbs, trusses, and similar appliances as the director may determine to be useful and reasonably necessary."

3. Section 303 provided that "as frequently and at such times and places as may be reasonably required, submit himself to examination by a medical officer of the United States or by a duly qualified physician designated or approved by the director."

4. At present the only "governmental" hospital services available for this work are the hospitals and relief stations of the United States Public Health Service, as the hospitals of the Army and Navy can not be used for the treatment of discharged soldiers and sailors under the law, because these men have resumed their civilian status, and for the further reason that these hospitals are entirely occupied with the sick and disabled who are now in active military and naval service.

The chief medical adviser of this bureau is now making use of every hospital and relief station of the Public Health Service in all parts of the country and as this hospitalization of discharged soldiers and sailors is increasing the necessity of making increased provisions in the hospitals of this service will be more acute when the Army is numerically increased.

5. The great problem connected with this work is the caring for discharged soldiers and sailors suffering from tuberculosis, and as 10,000 have already been discharged and are eligible for compensation and sanatorium treatment, the chief medical advisor informs me that he has already filled the Government sanatorium at Fort Stanton, N. Mex., to its capacity, and that he is finding difficulty in procuring suitable bed space in local hospitals, where the cost of maintaining them is greater than in the Government institutions.

6. The experience of the allied nations should be our guide in making preparation for the cases which will inevitably become a charge upon this bureau in the near future, as both England and France have returned tens of thousands of cases from the front broken down by this disease.

7. It is therefore the desire of this bureau that this condition be represented to the Surgeon General of the United States Public Health Service directing his attention to the department's needs in this respect, and urging his cooperation in providing sufficient bed space, either by the enlargement of hospitals now existing or the construction of new buildings.

Respectfully,

William C. DeLanoy, *Director.*

MEMORANDUM.

AUGUST 10, 1918.

The SECRETARY: Referring to the attached letter from the Director of the Bureau of War Risk Insurance, addressed to the Secretary of the Treasury, I beg to strongly approve the suggestion that the attention of the Surgeon General of the United States Public Health Service be directed to the needs of the medical work of the War Risk Insurance Bureau, as pointed out in the letter of the director, and that he be urged to cooperate in providing the necessary facilities for taking care of this work with the least possible delay.

Sincerely,

THOS. B. LOVE, *Assistant Secretary.*

To Surgeon General, United States Public Health Service, by direction of the Secretary.

Approved:
J. H. MOYLE,
Assistant Secretary.
AUGUST 14.

SEPTEMBER 11, 1918.

REPORT OF THE COMMITTEE APPOINTED BY THE CHAIRMAN OF THE CONFERENCE OF OFFICERS OF THE ARMY, NAVY, AND PUBLIC HEALTH SERVICE TO OBTAIN DATA REGARDING THE NUMBER OF MEN DISCHARGED FROM THE MILITARY FORCES, AND THE PERCENTAGE OF THOSE ENGAGED WHO WILL BECOME BENEFICIARIES OF THE WAR RISK INSURANCE BUREAU; ALSO TO PRESENT CONCLUSIONS, IF ANY COULD BE REACHED, REGARDING THE ACCOMMODATIONS WHICH SHOULD BE FURNISHED TO THOSE PATIENTS.

This committee has the honor to make the following report:

The largest number of discharged soldiers requiring treatment will be cases of tuberculosis. Fourteen thousand men have already been discharged from the Army on account of this disease. During the remainder of the calendar year 1918 and during the year 1919, it is estimated that 20,000 men will be rejected on their primary examination at the camps after induction into the service.

The War Risk Insurance Bureau of the Treasury Department would have to care for these patients. From its experience, three-fourths, or about 26,000, will avail themselves of sanatorium treatment.

It is estimated that the average length of time the patients will remain in a tuberculosis sanatorium is six months. Therefore 13,000 beds will be required for these patients.

The number of soldiers that will be discharged from the Army hereafter during the war will be small, as it is the policy of the War Department since May 21, 1918, not to discharge tuberculosis soldiers as long as they need sanatorium treatment. Practically the same policy is followed in the Navy Department.

The War and Navy Departments have made no provision for the treatment of patients other than those of the active forces, and therefore no beds are available for patients of the War Risk Insurance Bureau.

The number of soldiers discharged for diseases other than tuberculosis that will require hospital accommodations will probably be small and can be taken care of in existing hospitals.

EARL H. BRUNS,
Lieutenant Colonel,
Medical Corps, United States Army.
W. E. EATON,
Lieutenant Commander,
Medical Corps, United States Navy.
W. G. STIMPSON,
Assistant Surgeon General,
United States Public Health Service.

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
OFFICE OF THE SURGEON GENERAL,
Washington, September 17, 1918.

Memorandum for the Secretary.

REPORT OF THE PROCEEDINGS OF A CONFERENCE HELD AT THE OFFICE OF THE SURGEON GENERAL OF THE ARMY TO CONSIDER WHAT PROVISION SHOULD BE MADE FOR THE HOSPITAL TREATMENT OF PATIENTS OF THE BUREAU OF WAR-RISK INSURANCE.

Officers of the Army, Navy, Public Health Service, and the chief medical advisor of the Bureau of War Risk Insurance were present at this conference. A committee was appointed by the chairman to obtain data regarding the number of men discharged from the military forces and the number which would in all probability, become beneficiaries of the War Risk Insurance Bureau during the remainder of the year 1918 and the year 1919. A copy of the report of this committe is attached. This report shows that 13,000 beds should be provided for patients for the War Risk Insurance Bureau suffering from tuberculosis, and the Army and Navy state that they have made no provision for the treatment of these patients, nor do they contemplate doing so. The number of patients suffering from tuberculosis for whom beds will be necessary is estimated to be 26,000, but only one-half of this number of beds will be needed, as it is improbable that any patient will remain at the sanatorium for more than six months at one time. These beds will not be for temporary purposes, however, but will be needed for years to come, because, with recurring breal downs of tubercular soldiers they will apply for reentrance and treatment, and will be entitled to receive it under provision of the war-risk insurance act. If new buildings are built for this purpose, at least six months will be required for their construction after authority is granted by Congress, at a cost of approximately $26,000,000.

It is recommended that the estimates for 5,000 beds only be approved at this time, at a cost of approximately $10,000,000, and the remaining beds be provided for in a supplementary estimate, to be submitted to Congress at a later date.

The draft of a bill attached to these estimates authorizes the Secretary of the Treasury to construct new buildings or rent existing buildings, if such can be found.

RUBERT BLUE, *Surgeon General.*

TREASURY DEPARTMENT,
BUREAU OF THE PUBLIC HEALTH SERVICE,
OFFICE OF THE SURGEON GENERAL,
Washington, September 17, 1918.

THE SECRETARY OF THE TREASURY.

SIR: Complying with departmental instructions of August 10, accompanying a letter from the Director of the Bureau of War Risk Insurance, dated July 30, 1918, a copy of which is hereto attached, there is submitted herewith for your consideration and approval estimates for the supply of hospital and sanitoria facilities for the care and treatment of beneficiaries of the War Risk Insurance Bureau and others entitled to receive treatment by the Public Health Service of this department, which it is recommended be transmitted to Congress for their earliest possible consideration as an unusual necessity brought about by war conditions.

These estimates are based on careful calculations in collaboration with the medical advisor of the War Risk Insurance Bureau, for the supply of minimum facilities which, it is believed, will serve the country's needs in this direction along the lines set forth in the letter from the director of that bureau, above mentioned.

Attention is invited to the last paragraph in the letter above referred to, in which it is stated that 10,000 soldiers and sailors suffering from tuberculosis have already been discharged and are eligible for compensation and sanatorium treatment. It should be stated that this bureau has, in an effort to supply accommodations for the greatest possible number, filled many of its hospitals to overflowing, by placing beds in hallways, on verandas, and even in tents scattered about the reservations, and has already rented private dwellings to be converted into temporary hospitals in order to relieve the demand for hospital treatment arising from this source, from the increased merchant marine service, and the constantly growing work incident to caring for injured civil employees of the Government under the compensation act, and while further efforts are being made to locate and make use of privately owned hotels and other property that may be adaptive to this use, this practice is neither satisfactory nor economical.

In providing these increased accommodations, it should be stated that our estimates are based on supplying facilities for caring for approximately 5,000 patients, as a minimum of the total number of patients entitled to receive treatment from these sources, who will require or demand same. It is not thought desirable, however, to limit the availability of the appropriation to accommodations for any specific number, as it may later on be found necessary to provide for a greater proportion than that above mentioned, if the same can be done within the limits of this appropriation.

One of the primary considerations in locating these sanatoria facilities is to have them in suitable climates and within economical travel and purveying areas, and in such sections of the country that beneficiaries need not of necessity be widely separated from their native surroundings or homes.

In meeting these conditions it is thought that approximately 2,000 should be placed in quarters to be erected on marine hospital sites, indicated in the attached list; that a new hospital and sanatorium should be located at Norfolk, Va., with a capacity of approximately 300 patients; one at Seattle, Wash., with a capacity of 150 beds; and that the balance be distributed in new sanatoria, located as may be best suited to the needs of the service to be performed.

For your convenience there is submitted herewith a tentative draft for legislation, which it is believed provides for all the necessary things to be done in supplying these additional facilities.

The estimated cost of the necessary sites and buildings, including miscellaneous furniture and equipment, is $10,549,000.

Respectfully,

RUPERT BLUE, *Surgeon General.*

LIST OF PROPOSED HOSPITAL AND SANATORIA ADDITIONS.

Boston, Mass.; Chicago, Ill.; Cleveland, Ohio; Detroit, Mich.; Evansville, Ind.; Louisville, Ky.; Norfolk, Va.; New Orleans, La.; San Francisco, Cal.; Seattle, Wash.; St Louis, Mo.; Wilmington, N. C.; Fort Stanton, N. Mex.; Berkshire Hills; North Carolina.

MEMORANDUM FOR THE SECRETARY OF THE TREASURY.

TREASURY DEPARTMENT,
UNITED STATES PUBLIC HEALTH SERVICE,
Washington, November 15, 1918.

There is transmitted herewith a tentative draft of a letter to the Speaker of the House of Representatives, calling attention to legislation pending before Congress, which it is of the utmost importance should be enacted into law if this bureau is to furnish the hospital accommodations demanded of it by the War Risk Insurance Bureau, for the care and treatment of patients delegated to that service by act of Congress.

I feel that too strong emphasis can not be given to the immediate enactment of this legislation, and earnestly request that the entire weight of your influence be brought to bear on Congress to that end.

While the two bills mentioned represent only a part of the total number of beds that will be required, I still am of the opinion that these two bills should be enacted into law before further estimates are transmitted to Congress, as they will furnish an appreciable measure of relief, and permit a more accurate survey of the ultimate needs of the service in this direction, due to rapidly changing from war to peace conditions, and the probable abandonment of several Army projects which might be made available for our use in the care and treatment of the remaining thousands of patients who are entitled to receive hospital accommodations and treatment.

Respectfully,

RUPERT BLUE, *Surgeon General.*

CHART I.—*Hospital growth in the United States, 1873–1918.*

[Embracing all classes of hospitals and sanatoriums but excluding allied institutions, such as homes for the aged, homes for the deaf and blind, rescue homes, etc.]

	1873	1918	Increase.
			Per cent.
Number of hospitals	149	7,158	4,700
Number of hospital beds	35,453	657,965	1,755
Ratio of hospital beds to population	1-1,088	1-174	525
Population	38,558,371	114,201,039	196

CHART II.—*Classification of hospitals and sanatoriums by capacities, 1918.*

Bed capacity.	Number of hospitals.	Percentage of total.	Bed capacity.	Number of hospitals.	Percentage of total.
Under 25	3,004	41.97	500 to 999	101	1.41
25 to 49	1,766	24.67	1,000 and over	131	1.83
50 to 99	1,153	16.11			
100 to 199	661	9.23	Total	7,158	100.00
200 to 499	342	4.78			

CHART III.—*Classification of hospitals, sanatoriums, and allied institutions according to character of cases admitted, 1918.*

HOSPITALS AND SANATORIUMS.

Class.	Number of institutions.	Number of beds.	Class.	Number of institutions.	Number of beds.
General	4,863	270,209	Cripples	40	2,483
Surgical	169	3,518	Alcoholism and drug addictions	91	3,259
Tuberculosis	482	38,881	Convalescents	50	3,987
Mental and nervous	539	283,761	Chronic invalids	56	3,494
Children	63	7,288	Penal	77	3,620
Maternity	215	8,995	Other special hospitals	77	2,234
Contagious	165	17,660			
Eye, ear, nose, and throat	69	2,289			
Industrial	202	6,287	Total	7,158	657,965

ALLIED INSTITUTIONS.

	Number of institutions.	Capacity.		Number of institutions.	Capacity.
Homes for children	748	109,127	Homes for the deaf and blind	117	15,070
Homes for aged	712	74,289			
Rescue homes	184	12,640	Total	1,761	211,126

Estimated number of hospital beds in allied institutions	21,113
Total number hospital beds in hospitals, sanatoriums, and allied institutions	679,078

CHART V.—*Ratio of hospital beds to population by States, 1918 (excluding hospitals for the insane and for convalescents)*

Alabama	1- 758	Nebraska	1-286
Arizona	1- 77	Nevada	1-145
Arkansas	1- 570	New Hampshire	1-241
California	1- 140	New Jersey	1-285
Colorado	1- 159	New Mexico	1-180
Connecticut	1- 238	New York	1-171
Delaware	1- 278	North Carolina	1-588
District of Columbia	1- 118	North Dakota	1-345
Florida	1- 469	Ohio	1-278
Georgia	1- 673	Oklahoma	1-958
Idaho	1- 295	Oregon	1-238
Illinois	1- 227	Pennsylvania	1-244
Indiana	1- 297	Rhode Island	1-235
Iowa	1- 261	South Carolina	1-771
Kansas	1- 354	South Dakota	1-287
Kentucky	1- 506	Tennessee	1-456
Louisana	1- 416	Texas	1-468
Maine	1- 330	Utah	1-283
Maryland	1- 208	Vermont	1-339
Massachusetts	1- 179	Virginia	1-394
Michigan	1- 277	Washington	1-219
Minnesota	1- 226	West Virginia	1-441
Mississippi	1-1,222	Wisconsin	1-263
Missouri	1- 305	Wyoming	1-202
Montana	1- 131	United States territorial possessions	1-788

TREASURY DEPARTMENT,
Washington, October 6, 1919.

From: The chief medical adviser, Bureau of War Risk Insurance.
To: Assistant Secretary Moyle.
Subject: Report on estimate of demands to be made by the Medical Division, Bureau of War Risk Insurance.
(Through the Director of the Bureau of War Risk Insurance and Assistant Secretary Shouse.)

SIR: In consonance with your verbal direction of recent date, I have made a review of the situation confronting the Treasury Department in the care, treatment, and rehabilitation of sick and disabled soldiers, sailors, and marines, and have the honor to submit the following memorandum thereon. In reading this statement it is requested that you bear in mind the fact that the entire problem is one without precedent in history: that much of the data upon which this report is made is of necessity only approximate, and that in many instances it is impossible to foretell with any degree of accuracy just what demands will be made in future upon the services involved. I am convinced, however, that the problem will grow with time rather than diminish, and that if mistakes are made they are far more apt to be in the direction of underestimating rather than of overestimating the magnitude of the situation confronting the governmental agencies functioning in the premises.

LEGAL.

The war-risk insurance act, section 302, paragraph 3, states:

In addition to the compensation above provided, the injured person shall be furnished by the United States such reasonable governmental medical, surgical, and hospital services with such supplies, including artificial limbs, trusses, and similar appliances as the director may determine to be useful and reasonably necessary.

The director, subject to the general direction of the Secretary of the Treasury, is vested with "full power and authority to make rules and regulations" to carry out the purposes of the war-risk insurance act and to designate the methods of making medical examinations. The law further states that for the purposes of the act the officers, enlisted men, and other persons in the military service "shall be held and taken to have been in sound condition when examined, accepted and enrolled for service." This places upon the Government the obligation of care and treatment of men whose injury or disease may have escaped detection by the examining physician. Persons applying for compensation under this act are required by section 303 thereof to submit "to examination by a medical officer of the United States, or by a duly qualified physician designated or approved by the director," and, "every person in receipt of compensation for disability shall submit to any reasonable medical or surgical treatment furnished by the Bureau whenever requested by the Bureau."

Public Act No. 326, Sixty-fifth Congress, approved March 3, 1919 (see copy attached[1]), authorizes the Secretary of the Treasury "to provide immediate additional hospital and sanatorium facilities for the care and treatment of discharged sick and disabled soldiers, sailors, and marines, Army and Navy nurses (male and female), and patients of the War Risk Insurance Bureau, and the following persons only." The act making appropriations for sundry civil expenses of the Government for the fiscal year ending June 30, 1920, and for other purposes, contains the following proviso:

> *Provided*, That none of the appropriations made herein for the Bureau of War Risk Insurance shall be expended to reimburse any expenses incurred by any government-owned hospital or hospital under contract with the Public Health Service for examination and care or treatment of beneficiaries of the Bureau of War Risk Insurance.

From the foregoing it is evident that the Government has obligated itself (1) to provide "reasonable governmental medical, surgical, and hospital services and supplies" for the patients of the War Risk Insurance Bureau, (2) that the Secretary of the Treasury is authorized to provide additional hospital and sanatorium facilities for these persons, and by inference (3) that the Public Health Service shall provide examination, care, and treatment of beneficiaries of the Bureau of War Risk Insurance, (4) because the Public Health Service is the "governmental medical, surgical, and hospital" agency of the department in which both the Public Health Service and Bureau of War Risk Insurance now operate.

There is still another legal aspect to the question which would seem pertinent to the consideration of the problem. Section 22, paragraph 7, of the war-risk insurance act defines the term men and enlisted men to mean "a person whether male or female, whether enlisted, enrolled, or drafted into active service in the military or naval forces of the United States." It has been held by the Judge Advocate General of the Army that a man who has been accepted by a draft board and dispatched to a camp had been drafted into active service. On the contrary, it has been held by the general counsel of the Bureau of War Risk Insurance that the man did not actually enter active service until he was accepted by the medical officers of the Army.

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[1] Not printed.

H. R. 8778, now under consideration by the Congress, attempts to solve this question by the following proviso:

SEC. 31. That if after induction by the local draft board, but before being accepted and enrolled for active service, the person died or became disabled as a result of disease contracted or injury sufferd in the line of duty and not due to his own willful misconduct involving moral turpitude, or as a result of the aggravation, in the line of duty and not because of his own willful misconduct involving moral turpitude, of an existing disease or injury, he or those entitled thereto shall receive the benefits of compensation.

In this connection it may be pointed out that medical, surgical, and hospital services are by law furnished "in addition to compensation." This proposed act would increase very largely the amount of medical and surgical work which would have to be performed by the Government, since many men were accepted by the draft boards, and were subsequently rejected by the Army on account of physical or mental disabilities.

A conservative estimate of the total number in service in the armed forces of the United States during the war with Germany is 5,041,470. This figure includes the Army, Navy, Marine Corps, and the correlated military forces and those men sent to mobilization camps and rejected by camp surgeons. This is more than twice the number who served in the Northern Army and Navy during the Civil War.

While the statistics of the Pension Bureau do not furnish an exact parallel with the situation which now confronts the Government, inasmuch as pensions were allowed for injury, disease, age, and finally for service, they furnish some sort of criterion of the way in which the work of caring for the men who served in the war with Germany may be expected to expand. The following table shows the number of Army and Navy invalid claims allowed per annum from July 1, 1861, to June 30, 1897, a period of 36 years. It will be noted that in the first fiscal year only 413 such claims were allowed, while in the fiscal year 1897, 3,726 claims were allowed. The total number of claims allowed out of an army of 2,400,000 men was in 36 years, 579,115. If the same proportion obtains with the veterans of the war with Germany there will be 1,209,950 active invalid claims in the year 1955.

Original pension claims filed and allowed each year from July, 1861, to July 1, 1897.

Fiscal year ending June 30—	Invalid (Army And Navy) claims allowed.	Fiscal year ending June 30—	Invalid (Army And Navy) claims allowed.
1862	413	1881	21,394
1863	4,121	1882	22,946
1864	17,041	1883	32,014
1865	15,212	1884	27,414
1866	22,883	1885	27,580
1867	16,589	1886	31,937
1868	9,460	1887	35,283
1869	7,292	1888	35,843
1870	5,721	1889	36,830
1871	7,934	1890	50,395
1872	6,468	1891	41,381
1873	6,551	1892	17,876
1874	5,937	1893	10,232
1875	5,760	1894	6,129
1876	5,360	1895	5,415
1877	7,282	1896	3,864
1878	7,414	1897	3,726
1879	7,242		
1880	10,176	Total	579,115

In considering this table it should be borne in mind that it relates to invalid claims and not to medical treatment. It may be assumed that there are a considerable number of men who will not ask for compensation, but who, nevertheless, would be eligible to and require treatment under a broad construction of Public Act 326.

The following table shows the distribution of the armed forces of the United States by point of origin. This will give some approximate idea of the potential patients by States:

State.	Per cent.	Approximate total (Army, Navy, and Marine Corps).	State.	Per cent.	Approximate total (Army, Navy, and Marine Corps).
New York	9.79	469,920	Nebraska	1.27	60,960
Pennsylvania	7.93	380,640	Maryland	1.25	60,000
Illinois	6.68	320,640	Washington	1.20	57,600
Ohio	5.33	255,840	Montana	.97	46,560
Texas	4.29	205,920	Colorado	.92	44,160
Michigan	3.61	173,280	Florida	.89	42,720
Massachusetts	3.53	169,440	Oregon	.80	38,400
Missouri	3.42	164,160	South Dakota	.79	37,920
California	2.98	143,040	North Dakota	.69	33,120
Indiana	2.83	135,840	Maine	.65	31,200
New Jersey	2.80	134,400	Idaho	.51	24,480
Minnesota	2.64	126,720	Utah	.46	22,080
Iowa	2.63	126,240	Rhode Island	.45	21,600
Wisconsin	2.61	125,280	Porto Rico	.44	21,120
Georgia	2.28	109,440	District of Columbia	.42	20,160
Oklahoma	2.13	102,240	New Hampshire	.38	18,240
Tennessee	2.02	96,960	New Mexico	.33	15,840
Kentucky	2.00	96,000	Wyoming	.30	14,400
Alabama	1.99	95,520	Arizona	.28	13,440
Virginia	1.94	93,120	Vermont	.25	12,000
North Carolina	1.94	93,120	Delaware	.20	9,600
Louisiana	1.76	84,480	Hawaii	.15	7,200
Kansas	1.69	81,120	Nevada	.14	6,720
Arkansas	1.62	77,760	Alaska	.06	2,880
West Virginia	1.48	71,040	American Expeditionary Force	.04	1,920
Mississippi	1.44	69,120	Not allocated	.04	1,920
South Carolina	1.42	68,160	Philippines	.01	480
Connecticut	1.33	63,840			

SOURCE OF WAR-RISK CLAIMANTS.

Potential claimants to compensation and relief under the war-risk insurance act fall into three major classes:

1. Total United States armed forces raised to November 11, 1918.

Total strength of Army, Navy, and Marine Corps compared as to original strength and increments.

	Number.	Per cent of total forces.	Per cent of total military forces.	Per cent of military increment.
Total United States armed forces raised to Nov. 11, 1918	4,791,172	100.00	.....	.....
Total military forces	4,185,220	87.35	100.00	.....
Total naval forces	605,952	12.65	.....	.....
Existing strength Apr. 1, 1917	378,619	7.92	.....	.....
Military forces	291,880	.....	6.97	.....
Regular Army	127,588	.....	.....	.....
National Guard	164,292	.....	.....	.....
Naval forces	86,739	.....	.....	.....
Navy	69,029	.....	.....	.....
Marine Corps	13,599	.....	.....	.....
Coast Guard	4,111	.....	.....	.....

Total strength of Army, Navy, and Marine Corps compared as to original strength and increments—Continued.

	Number.	Per cent of total force.	Per cent of total military forces.	Per cent of military increment.
Increments to Nov. 11, 1918	4,412,553	92.08	.....	.....
Military forces	3,893,340	.....	93.03	100.00
Commissioned	203,786	.....	.....	5.23
Inducted	2,810,296	.....	67.15	72.18
Enlisted	877,458	.....	.....	22.54
Regular Army	390,874	.....	.....	10.04
National Guard	296,978	.....	.....	7.63
Reserve Corps and National Army	189,606	.....	.....	4.87
United States Guards (commissioned and enlisted)	1,800	.....	.....	.05
Naval forces	519,213	.....	.....	.....
Navy	462,229	.....	.....	.....
Commissioned	24,702	.....	.....	.....
Enlisted	437,527	.....	.....	.....
Marine Corps	54,690	.....	.....	.....
Commissioned	1,799	.....	.....	.....
Enlisted	52,891	.....	.....	.....
Coast Guard	2,294	.....	.....	.....

2. Accepted by local boards for groups A and C, but rejected by camp surgeons: 200,300.

3. Drafted and furnished transportation to camps, but not mustered into service for reasons other than physical: 50,000 (estimated).

Total: 4,791,170
200,300
50,000

5,041,470

KNOWN DEMOBILIZED DISABLED.

1. Of 4,791,170 men:

Discharged, United States Army, 1917	16,400
Discharged, United States Army, 1918	113,500
Discharged, United States Army, 1919 (approximately)	156,000
Discharged, United States Navy (estimated)	24,500
Discharged, United States Marine Corps (estimated)	2,800
Group "C" men, all with physical defects	[1] 111,900
Total	425,100

2. Two hundred thousand three hundred accepted by local boards but rejected by camp surgeons, all with physical disability.

3. Sixteen thousand five hundred limited-service men called, but rejected at camps.

Total: 425,100
200,300
16,500

641,900

Maximum number discharged with some disability 641,900

[1] Qualified for special service or limited service; defects of eye, ear, nose, throat, teeth, or skin of somewhat greater degree than were permitted by the standards for unconditional acceptance. Abnormalities of the extremities; operable hernia; small benign tumors; urethral strictures; nocturnal enuresis; stammering; temporary anemias or debilities.

A certain percentage of disability, however, is of minor character.

DISTRIBUTION OF DISABILITIES (NOT INCLUDING TRAUMATISMS PRODUCED BY EXTERNAL CAUSES).

Of 113,512 men discharged from the United States Army during the calendar year 1918 for physical disabilities (unfit for military service), the following distribution of diseases, by class of disease, obtained:

Class.	Number.	Per cent of total.	Relative standing.
1. Infectious disease (excluding tuberculosis and venereal diseases)	934	0.8	15
2. Tuberculosis	10,293	9.0	6
3. Venereal diseases	8,860	7.9	7
4. General diseases	11,494	10.1	4
Arthritis	4,835		
Hyperthyroidism	4,040		
Others	2,619		
5. Diseases of nervous system	11,287	9.5	5
Epilepsy	4,009		
Neuro-circulatory asthenia	1,550		
Hysteria	1,360		
Neurasthenia	1,340		
Other forms	3,028		
6. Mental alienation	17,958	15.7	1
Mental deficiency	8,251		
Dementia precox	3,202		
Constitutional psychopathic states	2,553		
Psychoneurosis	2,240		
Other forms	1,712		
7. Eyes and their adnexa, diseases of	4,198	3.7	9
8. Ear, diseases of	4,011	3.5	11
9. Nasal fossæ, diseases of	335	.3	16
10. Throat, diseases of	108	.1	17
11. Circulatory system, diseases of	15,244	13.4	2
Mitral insufficiency	4,111		
Cardiac disorders, functional	2,829		
Mitral stenosis	1,739		
Aortic insufficiency	873		
Myocarditis	810		
Tachycardia	757		
Other forms	4,135		
12. Respiratory system, diseases of	4,117	3.6	10
Asthma	2,418		
Bronchitis	483		
Other forms	1,216		
13. Digestive system, diseases of	5,632	5.0	8
Hernia	2,502		
Mouth and adnexa	1,256		
Other forms	1,874		
14. Genito-urinary system, diseases of	1,615	1.4	13
15. Skin and cellular tissue, diseases of	1,135	1.0	14
16. Bones and organs of locomotion, diseases of	14,512	12.8	3
Pes planus	5,791		
Organ of locomotion	3,353		
Ankylosis	905		
Fractures	1,804		
Others	2,659		
17. Congenital malformations and ill-defined diseases	1,357	2.2	12
Total	113,512	100.0	.....

DISTRIBUTION OF DISABILITIES.

By the end of demobilization there will have been discharged from the Army, Navy, and Marine Corps a total of approximately 313,200 men with some disability. This number does not include group "C" men (limited service) nor those men who were accepted by local draft boards or camp surgeons and later found unfit for military service.

As to the type of disability among these men, there are no better figures than those contained in a report from the statistical section

of the Surgeon General's Office which shows discharges from the United States Army by specific disease or condition for the year 1918. This list comprises 113,512 discharges by specific disease or condition. The proportion of each class of disease to the total diseases has been made, and the result is shown in the preceding table. These proportions have subsequently been applied to the total of 313,200 discharges from the United States Army, it being logical to presume that those conditions which obtained during 1918 among 113,500 men would doubtless represent approximately the conditions obtaining among some 313,200 men discharged with disability for 1917, 1918, 1919.

Estimated totals for specific classes of diseases for all men discharged with disability, 1917, 1918, 1919.

U. S. Army classification.	Per cent of class to total group.	Number.
Total	100.0	313,200
5-6. Diseases of nervous system and mental alienation	25.2	78,930
9. Diseases of circulatory system	13.4	41,970
16. Diseases of bones and organs of locomotion	12.8	40,090
4. General diseases	10.1	31,630
2. Tuberculosis	9 0	28,190
3. Venereal disease	7.9	24,750
13. Diseases of digestive system	5.0	15,660
7. Diseases of eyes and their adnexa	3.7	11,590
12. Diseases of respiratory system	3.6	11,280
8. Congenital malformation and ill-defined diseases	2.2	6,890
17. Diseases of ear	3.5	10,960
14. Diseases of genito-urinary system	1.4	4,380
15. Diseases of skin and cellular tissue	1.0	3,130
1. Infectious disease	.8	2,500
9. Diseases of nasal fossae	.3	940
10. Diseases of throat	.1	310

Distribution of disabilities among 52,640 draftees, accepted by local draft boards but not accepted by camp surgeons.

Class:	
1. Infectious disease	72
2. Tuberculosis (total)	4,762
3. Venereal disease	2,095
4. General disease	1,268
5. Nervous system, disease of	1,876
6. Mental disease	3,494
7. Disease of eye	7,794
8. Disease of ear	2,331
9. Disease of nose	85
10. Disease of throat	47
11. Circulatory system, disease of	7,245
12. Respiratory system, disease of	721
13. Digestive system, disease of	7,711
14. Genito-urinary system, disease of	514
15. Disease of skin	571
16. Bones and organs of locomotion, disease of	8,836
17. Malformations and ill-defined diseases	3,218
Total	52,918

Based upon the figures of the first million men inducted, 5.32 per cent of those arriving at camp were rejected upon physical grounds. Therefore, from June, 1917, to February, 1918, 28,300 men were rejected at camps. From February, 1918, to November, 1918, there

were 172,000 additional rejections, making a total of approximately 200,300 men who were rejected by camp surgeons after being accepted by draft boards.

In the previous table there is shown the relative incidence of each group of diseases to total noted for 52,640 of such rejections. Applying those figures to the total number thus rejected, namely 200,300, the following table is obtained:

Distribution of disabilities among 200,300 draftees accepted by local draft boards, but not accepted by camp surgeons.

Class:	
1. Infectious diseases	274
2. Tuberculosis (total)	18,120
3. Venereal disease	7,970
4. General disease	4,733
5. Nervous system, disease of	7,158
6. Mental disease	13,297
7. Disease of eye	29,646
8. Disease of ear	8,862
9. Disease of nasal fossa	321
10. Disease of throat	180
11. Circulatory system, disease of	27,550
12. Respiratory system, disease of	2,740
13. Digestive system, disease of	29,310
14. Genito-urinary, disease of (nonvenereal)	2,953
15. Disease of skin	2,169
16. Bones and organs of locomotion, disease of	33,789
17. Malformations and ill-defined disease	12,228

Classifications by disease or conditions of men accepted for domestic service only is not available, in consequence of which it is impossible to determine the severity of their conditions. This group comprises 111,900 men who were accepted and 16,500 men who went to mobilization camps but were not accepted, making a total of 128,400.

Thus there is a large group of potential claimants about whom little medical data is as yet available. That these men might represent a problem of considerable magnitude can not be denied, however where their condition was aggravated by service, during 1918, to an extent necessitating discharge, they have been included in the list of discharges for disability for 1918.

Another point to be borne in mind is the fact that of the first 1,000,000 men accepted for general military service at mobilization camps, 294,875, or about 30 per cent, were accepted with physical defects. This percentage was probably maintained, certainly not diminished, for the total number of inducted men. How great such a factor may be can not as yet be estimated. Therefore, of the approximate 641,900 known potential immediate claimants, classified disease conditions are known for only 513,500.

It must be borne in mind that not all of these cases will be compensable, because (*a*) some conditions were not aggravated by service; (*b*) some conditions are of such a minor character as not to warrant compensation or relief; (*c*) in a few cases, major or minor, there will be no claim for compensation or relief.

What percentage of the total cases of disability this will be is not estimatable at present because of the meagerness of data. It is safe to presume that the majority of the cases of mental alienation and nervous diseases, tuberculosis, diseases of special senses, diseases and conditions of the bones and organs of locomotion, will at

some time present claims for both compensation and hospital relief. It is also safe to presume that there will be a considerable number of claimants among the other specific groups of diseases and conditions who will make claims for compensation, where prolonged hospitalization will not be as a rule necessary.

Attention is invited to the fact that no consideration has been given to disability due to traumatisms produced by external causes, per se. Data are not at present available for this group. It has seemed advisable, in view of the nonavailability of such data, to disregard it temporarily, since many injuries and conditions resulting from such have been included in the seventeen groups recorded. Such is particularly true as to general and ill-defined diseases, and diseases of the bones and organs of locomotion. It is believed that the remaining number (those not included) is relatively small, and will not when known seriously interfere with the general conclusions of this survey.

As soon as these data are available, they will be correlated with the data here given, and will form the basis for a supplementary report

EYE, EAR, NOSE AND THROAT.

From the table of total disabilities by cause it is seen that diseases of the eye and adnexa amount to 41,236; diseases of the ear, 79,882; diseases of the nasal fossæ, 1,261; diseases of the throat, 490.

Of the diseases of the eyes and adnexa refractive errors (astigmatism, hyperopia, myopia, defective vision) form the largest item, probably fifty per cent. Such cases require little hospitalization, but will require optical apparatus and repeated examinations. Of the remaining, trachoma will prove the most persistent, and will require hospitalization.

Of the diseases of the ear, deafness and otitis media will be the greatest factors.

Of the diseases of the nasal fossæ, sinusitus has the greatest incidence.

Hospitalization of these groups of diseases and conditions will not be extensive. Repeated examination with the corresponding correction of defects will however probably obtain over a long period of time.

Some idea is thus given on the amount of eye, ear, nose and throat work that must be taken care of by the Public Health Service. It is next in order to consider over what period of time this work will last and when its maximum will be reached. The extent and volume of treatment to be given will depend upon the policy that will be established as to what extent the Government will care for these affections, and who are the privileged beneficiaries.

If it is decided to look after the needs of service men for life, then there will be a medical demand for approximately the next 60 years. If provisions are made for replenishing adjuncts, as artificial eyes, glasses and dentures, the demand will be constant for that period.

If the prevalence of glasses in the general population is an index of the disabilities of eyes, it shows that they are increasing, and it is a clinical fact that the great majority of persons have refractive errors which cause defects of vision and eye strain. As soon as the policy is established that oculist's examinations and glasses gratuitously

are to be given, it is believed that beneficiaries will immediately avail themselves of the opportunity of ascertaining the condition of their eyes, and the greater part will be furnished prescriptions for lenses, which will have to be changed as time goes on. During the next few years service disabilities of the eyes will receive immediate examination and treatment, and be cured or arrested, but the fact must not be lost sight of that such conditions of the eye as iritis, trachoma, and conjuctivitis, are apt to recur hence a certain number of cases will always be under treatment. To sum up the possibilities of future eye work it may be stated that there will be a constant necessity for facilities for caring for all sorts of eye disturbances; the greatest demand for which will be the immediate post-war demobilization period. The maximum of the work will occur on the statement of a policy of gratuitous eye treatment and glasses. The demand for eye attention will be constant thereafter up to the time when the average service man reaches 55.

EAR WORK.

As with the eye, the ear disabilities will increase with age. The history of the United States Pension Office shows a vast increase in ear troubles as pensioners grow older. There may be a reason for this as stated by Medical Referee J. F. Kennan, who says that most ear conditions required treatment at the start, which the claimant was in most cases unable to pay for, or neglected to observe. Slight degrees of deafness at the start, in 1865–1870, which were not compensable, developed later to an incapacitating degree. It might be said of the future of ear work as of eye, that the necessity will be great at all times, with the maximum demand for ear treatment and examination at the initial period and to continue for five years, and when the claimant reaches middle age there will be another rise in the demand.

NOSE AND THROAT.

With the policy of free treatment for disabilities of nose and throat, it is not considered that the claimant will reject the offer of gratuitous treatment. The disabilities of the nose and throat should be in a great measure relieved by operations during the next five years, providing that all the service men follow their directions as to operation and treatment, and that there is an adequate number of physicians to take care of this work.

The fact that surgical and medical cases per se proper to other sections will diminish as to time goes on by process of elimination, but the disabilities of the special senses will increase and constitute the large proportion in course of time, is borne out by the history of the United States Bureau of Pensions.

CARE OF NEURO-PSYCHIATRIC CASES.

Among the diseases and disabilities arising under the stress of military training and modern conditions of warfare are special diseases affecting the mind and nervous system. The treatment and care of these disorders require special knowledge of the problem involved. To master the principles of these problems, close application to the

study of mental and nervous diseases is imperative. The very nature of these disorders therefore makes it necessary that special treatment and hospitals be provided for their cure.

THE MAGNITUDE OF THE PROBLEM.

Authentic but unofficial information has been obtained as to the number of men discharged by the United States Army for mental and nervous disabilities as of August 12, 1919. A census has also been made of the number of such disorders under treatment in the United States Army general hospitals on the above-mentioned date. Some idea of the magnitude and scope of the demands which the Bureau of War Risk Insurance will make on the Public Health Service in the matter of care and treatment of nervous and mental diseases may be obtained by reference to Table No. 1.

TABLE NO. 1—*Neuro-psychiatric disorders coming under the observation of the Medical Corps of the United States Army during the war with Germany.*

	Injuries and diseases, general nervous system.	Endocrinopathics.	Epilepsy.	Psychoneuroses.	Insane.	Inebriates (drugs, et al.)	Feebleminded.	Constitutional psychoinferiors.	Total.
Discharged as of Aug. 12, 1919	7,213	4,823	6,940	13,626	11,241	1,858	22,355	6,462	74,590
Under treatment at United States Army general hospitals, Aug. 12, 1919	.....	.....	45	318	1,303	.....	183	147	1,998
Total	7,213	4,823	6,985	13,944	12,544	1,858	22,538	6,609	76,588

It will be observed from the foregoing table that 76,588 men have been or are about to be relieved from duty with the Army because of nervous and mental disorders.

INCIDENCE OF NERVOUS AND MENTAL DISEASE IN THE ENTIRE MILITARY PERSONNEL.

In order to determine the number of cases of such diseases that are likely to be discharged from the Army, Navy, and Marine Corps, it is necessary to determine the incidence of such diseases among the entire mobilized military personnel. It is believed that a definite rate of frequency of these disorders may be determined from the large number of men involved. Taking the total Army personnel as strength and the number of mental and nervous diseases occuring among them as the factor, the rate of such diseases among the military population is 191.4 per 100,000 or almost two in every 11,000.

This rate appears to be exceedingly high but it must be remembered that it represents the accrued cases from birth to 25 years of age, this being the average age of the man comprising the military population. On the basis of five per 1,000 the rate of feeblemindedness in the general population, 20,000 mentally defective persons should have come under the observation of the military authorities. From the ages of 10 to 25 years, a decade and a half, one case of nervous and mental disease should have occurred each year in each 1,000 of the general population. On this basis, the total ex-

dected accrument of nervous and mental diseases amongthe military forces should have been 80,000 cases. However, on the basis of 191.4 mental and nervous cases occurring in each 100,000 mobilized troops there should have come under observation 91,872 such cases.

It is known, however, that a number of persons suffering from mental and nervous diseases were not enrolled or accepted for service. Of the total nervous and mental diseases coming under the observation of the Surgeon General of the United States Army, 39,285 served three months or more. The number of cases falling within certain broadly classified groups is shown in the following table:

TABLE No. 2.—*Neuro-psychiatric diseases serving three months or more with United States Army.*

Injuries and diseases to the central nervous system	4,050
Epilepsy	3,915
Psychoneureses	7,830
Insane	7,155
Feeble-minded	12,645
Constitutional psychopathic state	3,690
Total	39,285

These 39,285 persons represent the actual known number of cases that will probably be eventually compensated for mental and nervous disabilities under the war-risk insurance act and who will also become beneficiaries of the Public Health Service. But recently proposed additional legislation indicates that all men when once accepted by local boards as sound, but eventually rejected by camp surgeons as unsound, will come under the war-risk insurance act, and will therefore be compensable and qualified for hospital relief.

In view of which, hospitalization figures have been based upon the total cases of mental and nervous diseases observed, namely, 76,588.

INJURIES AND DISEASES TO THE CENTRAL NERVOUS SYSTEM.

After reviewing the type and character of 7,213 nervous diseases that will become beneficiaries of the War Risk Insurance Bureau it is found that 45 per cent are mild cases and will not require hospital residence; of the remaining 55 per cent, three-fifths will require hospital residence during the year ending August 1, 1920, the average residence of each case being six months. The Public Health Service should therefore provide 1,190 beds for the care of such cases during the year ending August 1, 1920.

EPILEPTICS.

Of the 6,940 epileptics beneficiaries of the War Risk Insurance Bureau, 10 per cent will become permanent residents of hospitals during the year following their discharge. In addition thereto 10 per cent of the 6,940 cases will be in the hospital on any one day of the year, therefore of the total epileptics entitled to treatment 1,388 beds should be provided during the year ending August 1, 1920, for the care of this class of patients.

FEEBLE-MINDED.

There is another and large group of cases who will eventually become dependent and require institutional care. This group comprises the feeble-minded, of whom 12,530 are potential beneficiaries of the service. Approximately 10 per cent of these will require institutional supervision during the year ending August 1, 1920. During the next ensuing 20 years at least 40 per cent of these cases will require institutional care and supervision. Therefore approximately 1,900 beds will eventually be required for the care of this class of beneficiaries.

PSYCHONEUROSES.

Of the 13,944 psychoneuroses cases requiring care, 50 per cent will recover during the year ending August 1, 1920. Of these recoveries 10 per cent will recur each year. Only 20 per cent of the total requiring treatment will accept it during the first year following demobilization. The total number of beds required for the care and treatment of this disease during the year ending August 1, 1920, is estimated to be not less than 2,250, the average residence of the 4,500 cases treated during that year being six months.

INSANE.

Of the 12,544 insane cases entitled to treatment, 40 per cent will be cared for by relatives, friends, and agencies other than the Government; 60 per cent will require hospital care during the year ending August 1, 1920. Of the number requiring hospital care, 40 per cent of the total will be daily occupying beds, making a total of 3,010 beds to be provided for the insane during the year ending August 1, 1920.

CONSTITUTIONAL PSYCHOPATHICS STATE.

There now remains to be considered a group of cases that have been designated constitutional psychopathic state. The Public Health Service will eventually be required to care for at least 50 per cent of these persons because of the occurrence of periodic attacks of mental derangement. It is estimated that 20 per cent of the 6,609 such cases will require treatment during the year ending August 1, 1920. These cases will remain in the hospital an average of nine months, thus making a total of 4,332 beds required for the care of the insane.

During the year ending August 1, 1920, the United States Public Health Service will be asked to furnish the following number of beds for the care and treatment of mental and nervous diseases:

Diseases and injuries to central nervous system	1,190
Epileptics	1,388
Feeble-minded	1,900
Psychoneureses	2,250
Insane	4,332
Total	11,060

Of the 4,800,000 men and women comprising the military population of the United States during the war with Germany a certain number of new mental and nervous diseases will occur each year. The service must therefore provide for this group of cases that will occur from year to year.

Some idea of the number of new insane cases occuring from year to year may be gathered from the following table:

New admissions to hospitals for insane for certain age groups.

Age groups.	Rate per 100,000 of general population of same age newly admitted to New York State hospitals.
20 to 24 years	62.8
25 to 29 years	70.6
30 to 34 years	80.1
35 to 44 years	90.8
45 to 54 years	92.1
55 to 64 years	106.4
65 and over	161.2

It is usual to estimate that one new case of nervous or mental disease, which includes the insane, will occur in each 1,000 of the general population. A glance at the foregoing table is convincing of the conservatism of this estimate.

The number of cases of nervous and mental diseases that the Public Health Service will probably have as its beneficiaries from year to year from the military population as the result of the war with Germany is shown in the attached graph. The number of beds required for each type of neuro-psychiatric disorder is also shown in the same graph.

AFTER-CARE.

There remains to be considered the needs of the patients discharged or paroled from the special hospitals required for the care and treatment of these disorders. The Government must continue to assume the responsibility for the welfare and rehabilitation of these cases in their homes and in the community. Paid workers must therefore be employed to determine the environment to which cases are going after leaving the hospital. Work must be found for them and advice and counsel provided.

Mental clinics should therefore be established for this purpose. These mental clinics would serve the discharged man as well as the community in general. The establishment of such clinics would serve a true purpose in mental hygiene. It is believed that these mental clinics should serve as out-patient departments of the several State hospitals throughout the country, the State assuming the responsibility of establishing a clinic, the Government referring its cases for special examination and a reasonable fee being paid for services rendered. These clinics could therefore be utilized by the general population.

TUBERCULOSIS.

One of the fundamental subjects that must be determined is what constitutes tuberculosis in a degree sufficient to be compensable. Some standard must be determined as to what the word "tuberculosis" should be applied.

As far as the Bureau of War Risk Insurance is concerned, a man who shows present active tuberculosis, after having served, is recog-

nized as having been reactivated by service, although The Adjutant General's Office may be silent on his lung record while in the service. This is based upon the known reluctance to mark a man's discharge papers as being consumptive when discharged; and also to the proven fact that the disease is seldom contracted after maturity.

The epidemic of influenza occurring synchronously with the draft exposed many men to infection during the period of trial before they were finally accepted by the service as soldiers or sailors. These men, who were finally not connected with the Army, have formed a large part of the border-line cases that have reached this bureau of claims.

The large incidence of tuberculosis among Negro stevedores account for 14 per cent of the entire number of tuberculosis patients returning from abroad and probably a large proportion of the 500 deaths reported of tuberculosis on the other side.

From available data, the total number of active cases of tuberculosis (all forms) which will result after demobilization has been completed, including those cases which were sent to mobilization camps and there rejected by camp surgeons, will be approximately 46,000. Of this number approximately 18,000 men were rejections at mobilization camps. Thus there will have been observed 28,000 cases in the several services.

That this figure is approximately correct is shown by the following data:

Known active cases of tuberculosis.

Discharged on S. C. D., 1917	3,825
Discharged on S. C. D., 1918	9,434
In Army and general hospitals, August, 1919	4,200
Invalided home, United States Navy	1,779
In naval and general hospitals	812
Marine Corps (estimated)	590
Total present cases	20,638

From this total there must be subtracted the deaths which have occurred to date. No accurate data of such is available. Nevertheless, among young male adults as a whole, the annual death rate from tuberculosis is approximately 2.5 per 10,000 living persons. With a total maximum armed force of 4,800,000, it is probable that there would occur from September, 1917, to September, 1919, some 2,200 deaths.

Thus the total known cases is cut down to 18,438. This does not include, however, those cases discharged from the Army and Navy during 1919 on which no data is available. This figure might well bring the total known cases up to the estimated 28,000 previously noted. It is therefore reasonable to state that the total number of tuberculosis cases will approximate 46,000.

In addition to these cases there will be those cases which will develop within the next two years, and each year thereafter. The importance of the latter factor can only be determined by the future policy of the Bureau of War Risk Insurance. If the bureau is to recognize all claims of tuberculous men, regardless of when incurred, the problem will be tremendous. A perspective of the magnitude of such a problem can be obtained by applying the accepted statement that 7 per cent of all deaths are from tuberculosis. This would mean an accumulated total of more than 300,000 cases.

It is at least probable that the bureau will care for all tuberculous claimants who present claims within the next two years.

Among 4,800,000 soldiers, sailors, and marines there developed in one year approximately 10,300 cases of tuberculosis. This would mean that 2.5 per 1,000 developed each year. Estimating that there will be at 26 years of age 6,400 deaths each year, it would mean that about 4,000 additional cases of tuberculosis will develop each year among ex-service men. This figure is maintained for several years with but slight variation.

On the basis that only those cases which developed in the service, namely, 28,000, will be compensable, it is arbitrarily estimated that not more than 20,000 will accept hospital relief. Experience indicates that the tuberculosis sanatorium patient spends approximately 135 days in the hospital each year. If this situation prevailed among war-risk patients, there would be necessary each day, not taking accounts of deaths, about 7,400 beds.

The following statement can be made relative to necessary beds:

	Number of cases.	Probable daily beds.
For known cases to date	28,000	7,400
For cases rejected by camp surgeons	18,000	5,000

The accompanying chart shows the estimated expectation for cases of tuberculosis with the corresponding hospital beds required for each year, beginning with the year 1920.

Death rates for the various ages from tuberculosis are those calculated for males of the registration area by the Prudential Life Insurance Co. Incidence rates have been arbitrarily assumed, based on the experience in the Army for the year 1918, with a gradual reduction of such a rate after a 10-year period.

The great problem will be not only proper hospitalization of disabled men, but proper supervision of those able to be about and the protection of their families. To follow each one into his home would no doubt be inquisitorial and irritating, but to supply them with proper instruction in methods of living should be our duty and privilege.

As to the average period a patient of the age period between 21 and 30 will be expected to remain in a hospital, it is very variable. A fair estimate would be eight months from hospitalization. The well-known tendency to migrate, and restlessness, together with the lack of authority to retain, even after they are careless, and become a menace to the community, will account for this.

Another factor that will lengthen the stay is that the age of commencement will be much younger than is the case in the usual civil hospital. The Negro element will, of course, provide the largest proportion of acute and rapid cases, only exceeded by the small number of Indians.

GENERAL SURGERY.

It has proven most difficult to form any reliable estimate as to the amount of surgical work which will be necessary among future war-risk insurance claimants.

To date there have been reported 291,000 casualties in the United States Army, 200,000 of which are wounds. What percentage of these will be completely healed by time of discharge can not be stated. Furthermore, of 113,500 discharges during 1918, 16,412, or nearly 15 per cent, were surgical diseases or conditions, which would mean that of all discharges for disability by disease some 45,000 would be of a surgical nature. This does not include those 200,000 men rejected at mobilization camps. While most of the surgical diseases and conditions will probably be compensable, present hospitalization indicates, particularly in the case of wounds, that relatively few will need hospitalization.

The wounds reported have been mostly wounds of the leg, thigh, hand, forearm, shoulder, and chest, the percentage being from high to low in the order named. The machine-gun bullet wounds reported have been mostly of the lower extremities. Wounds of the chest, shoulder, back, and abdomen seem to have been mostly shrapnel wounds. Wounds involving joints have resulted in ankylosis, of which prognosis is generally not good. Wounds of the hands, resulting in minor amputations, have often been disabling because of the fact that the stumps were tender, as many of these operations were done hurriedly.

The surgical cases which can not be classified as wounds are as follows:

Abdominal:
- Abscess.
- Adhesions.
- Appendicitis.

Bone injuries.
Burns.
Bursitis.
Carbuncle.
Cellulitis.
Deformities.
Dislocations.
Rib resections.
Fistulæ.
Crushes.
Fractures.
Hernia, post operative and chronic, many of which existed prior to induction into the service, or aggravated by service.
Necrosis.
Tuberculosis of joints, most of which existed prior to induction into military service, or aggravated by service.
Sprain.
Strains.
Stricture.
Synovitis.
Tumor, benign and malignant.
Ulcer.
Phlebitis.

Many of the draftees who suffered from curvature of the spine or ankylosis of joints, broke down under military exercises, and were finally disabled, and when discharged were in much worse physical condition than they were before entering the service.

This was true of nearly all tuberculous conditions. It may be stated that the strenuous life of military service did not improve the physical condition of any men who had other than functional disorders.

A class of claimants has come up for which, no doubt, legislation pending at the present time will afford some relief, who at present are left very poorly provided for, i. e., those select men who were not accepted for military training and finally discharged. Some of these select men were refused for voluntary enlistment, but afterwards taken in the draft, sent to camps, and were allowed to remain there for several months.

Therefore the surgical work of the United States Public Health Service hospitals is doubly difficult because it involves reconstruction of men who had been thoroughly broken down physically before they came under the care of the service.

It may be stated in this connection that many service men clamored for their discharges after the signing of the armistice, and were discharged in a disabled condition because they had developed what might be termed "hospital phobia" and a general dislike for military service.

As to the statement of physical condition given on discharge papers, it is the fact that this is of very little value except where a specific statement of wounds received has been entered on the paper. In nearly all instances it has been necessary to request an abstract of the medical record of the claimant where his application for compensation had shown physical condition good on separation from the service. In most instances, the claimant's hospital record has been proof that he was disabled at the time of his discharge. This is true of a large percentage of the cases where abdominal operations have been performed, as the claimant may suffer from post-operative hernia or post-operative adhesions.

It is obvious that reconstruction work of this class of claimants is very difficult, and requires the services of the most skilled surgeons. This especially applies to orthopedic cases, as many service men, in their desire to return to civilian status, cut short the period of reconstruction treatment, and took their discharge from the service at the earliest possible moment.

Many of this class of claimants will submit themselves to hospitalization at a later date, because at present they are loathe to leave remunerative employment to take treatment, the good results of which can not in all cases be guaranteed.

There should be established in at least every State for the treatment of this class of claimants a clinic of the United States Public Health Service following the general plan of the Clinic for Functional Reeducation of New York City.

In most cases of wounds, it will be necessary to reexamine these claimants from time to time, to note improvement or deterioration in their physical condition. This is especially true of high explosive shrapnel wounds, in which fragments of metal are still embedded in the tissues. The sharp edges and irregular contour of these fragments do not lend themselves to permanent incapsulation, as would be the case of a rifle bullet embedded in the tissues. Therefore these wounds will break down from time to time, and the claimant will need rehospitalization.

It is, therefore, strongly urged that at least one surgical bed be provided for each thousand service men.

PROSTHETICS.

The following is a report of the work of the prosthetic section, to date:

Total number of major amputations reported by the Army	3,800
Total number of amputations that have come under the attention of the prosthetic section, to date	2,157
Number of beneficiaries with amputated legs, under observation	1,229
Number of legs ordered and delivered	428
Number of legs ordered but not yet delivered	461
Amputations of legs for which no order has been issued	340
Number of beneficiaries under observation with amputated arms	928
Arms ordered and delivered	381
Arms ordered but not yet delivered	503
Arms not ordered	44

A number of beneficiaries were fitted with permanent artificial legs before pressure atrophy was complete, for the reason that the temporary artificial legs furnished were no longer serviceable through breakage or not fitting properly. This will necessitate refitting these beneficiaries in the future with another permanent artificial leg, or rebuilding the socket of the leg already furnished, to fit the amputation stump accurately.

The board of orthopedic surgeons, convened by the Director of the Bureau of War Risk Insurance for the purpose of determining the best specifications for artificial legs, recommended that each beneficiary be furnished with two legs, in order that he would have a good leg in reserve, in case of breakage. It is believed that all of these beneficiaries should be refitted within six to eight months, and that alterations in the socket of the original permanent leg, that may be necessary, should be made, in order that it will fit accurately and serve as a reserve leg for the beneficiary.

It was also recommended by the board of orthopedic surgeons that beneficiaries be furnished a light arm with a Dorrance hook attachment, in addition to the arms with mechanical hands, which the beneficiaries are selecting. This Dorrance hook can not be attached to the arms with the mechanical hands. Since this hook is exceedingly useful and can be furnished with a light arm, at a cost approximately one-fourth that of the permanent arms with mechanical hands, it is believed that each beneficiary should be fitted with this device for practical use.

GENERAL MEDICAL CASES.

Of the original 513,000 cases there have been, in accordance with the foregoing data, accounted for the following number of cases:

Tuberculosis	46,310
Surgical cases (estimated)	75,000
Eye, ear, nose, and throat	62,869
Mental and nervous	76,588
Miscellaneous	22,847
Total	283,612

There thus remain 229,388 cases which will be classed as general medical cases. More than 50 per cent of this number are diseases or conditions among men rejected at demobilization camps, chief of which are diseases of the circulatory and digestive systems. The extent to which these cases will be a problem will depend largely upon the future policy of the bureau.

However, even if many of these cases prove compensable, the extent of hospital relief will be slight, and the length of stay of such patients in hospitals would be relatively short.

Therefore of the 229,388 cases there remain approximately only 115,000 cases which can be called general medical cases which are discharged as such from the service.

The only acceptable method to use to determine the amount of hospitalization these cases would need for the next few years is to apply the present figures of general medical cases in hospitals to the number of either mental and nervous cases or tuberculosis cases, and

apply that proportion to the estimated number of beds for the future, determined by one of the other two classes of disease. Thus:

Number of general medical and surgical cases hospitalized	2,010
Number of neuro-psychiatric cases hospitalized	2,002

That is, at present the number of general medical and surgical cases in hospital is the same as the number of neuro-psychiatric cases. If this ratio is maintained, then the estimated future necessary beds for neuro-psychiatric beds will approximate the number of beds necessary for general medical and surgical cases, or 7,135.

It is estimated that beds necessary for surgical cases will be about 1 per 1,000 enlisted men (not including Regular Army), or approximately 4,000 beds. Then the number of beds estimated as necessary for medical cases will be 3,200.

Because of the meagerness of data from which to work, it is impossible to chart the probable number of expected cases with necessary hospital beds for this class of diseases and conditions from year to year. It is logical however, to assume that the maximum bed capacity will be during the first two years (1920–1921) and that thereafter there will be a decided decline in both cases and corresponding hospital beds until the late middle age, when there will be an increase due to the greater incidence of so-called organic diseases (diseases of circulatory system, cancers, etc.) It is safe to presume that such an increase will in no way approximate the number of cases noted during 1920–1921.

VENEREAL DISEASES.

Attention is invited to the phrase: "Because of his own willful misconduct, involving moral turpitude," included in section 31, H. R. 8778, quoted early in this report. Upon the interpretation of the meaning of this phrase will depend largely the question of furnishing treatment and hospitalization for the tens of thousands of cases of venereal diseases occurring among the military and naval forces of the United States.

The importance of the proper interpretation of this question can best be judged by the consideration of the magnitude of the incidence of this class of diseases.

The incidence of venereal diseases in the Army has been estimated by the Surgeon General's Office to be 8 per cent of the military strength. This is borne out by the following data:

The accumulated number of cases of venereal diseases among troops in the United States only, as reported in the weekly telegraphic reports to the Surgeon General of the Army from September 1, 1917, to September 19, 1919, was 240,535. To this total must be added the number of cases occurring among men in the American Expeditionary Forces. No accurate data on this number is available, but a conservative estimate would be 75,000. In addition, there were several thousand cases among men accepted by local draft boards but rejected at mobilization camps by camp surgeons. Furthermore, there will be those cases of venereal diseases which originated among men in the United States Navy and in the United States Marine Corps, though the incidence among these two corps is apparently less than in the Army.

It can therefore be conservatively estimated that among the total military and naval forces of the United States, there have occurred nearly 400,000 cases of venereal diseases. While it is true that prob-

ably 60 to 75 per cent of these cases existed prior to induction into service, nevertheless these men were accepted by draft boards as in sound condition, and thus many of them are potential claimants under the war-risk insurance act.

Of the total number of cases reported the following approximate classification of specific diseases can be made:

Chancroid	8 per cent
Syphilis	20 per cent
Gonorrhea	72 per cent

Although the reports of the demobilization boards indicate that not more than 50,000 cases of venereal diseases, per se, are noted among discharged men, it is probably true that many cases were missed by the examining officers, or that many cases which are at the present time inactive will be reactivated.

Thus it is seen that the problem of venereal disease may be enormous, dependent upon the construction which the legal authorities will place upon the phrase "Not due to his own willful misconduct involving moral turpitude." It would seem that the burden of proof of "willful misconduct involving moral turpitude" must of necessity rest upon the Government. To stigmatize a man suffering from a venereal disease by saying that the disease was contracted because of his "moral turpitude"[1] when that man had obeyed the prophylactic regulations of the Army or Navy, or if that man had contracted the disease prior to his enlistment in the service, would be a task which no court or man would care to undertake or discharge with justice.

Moreover, it is believed that in the long run it will be economy to promptly treat all cases of venereal diseases occurring among ex-service men. The bulk of these men are insured. Any reasonable measure that may be undertaken for the prolongation of their lives will result in a longer premium-paying period, and will therefore lessen considerably the loss which will accrue upon maturity of the policies. Furthermore, a considerable number of these men suffer from obscure symptoms which it will be difficult to connect definitely with venereal diseases and they will be able to draw compensation thereon. The prompt scientific treatment of these men now is a measure of prevention which will reduce to a considerable extent future cases of locomotor ataxia, insanity, blindness, rheumatism, and a host of ailments which it will be difficult to prove were not the result of military service. Cure of these men in the early stage of these diseases is therefore necessary from the standpoint of economy, justice, and public health.

GENERAL CONCLUSIONS.

The foregoing data has indicated that hospitalization must, in all probability, be planned in accordance with the following statement:

Number of beds, neuro-psychiatric	11,060
Number of beds, tuberculosis	12,400
Number of beds, surgery	4,000
Number of beds, general medical	3,200
Total number of beds	30,660

[1] Moral turpitude is defined as an act of baseness, vileness, or depravity in the private or social duties which a man owes to his fellow man or to society in general, contrary to the accepted and customary rules of right and duty between man and man; anything which is contrary to justice, honesty, modesty, or good morals may be classed as moral turpitude.

The data given in the succeeding pages is made up from all reported date to date on hospital facilities, both of United States Public Health Service Hospitals and private hospitals. In the conclusion estimates are made as to the number of additional beds necessary to be provided, in the light of figures here presented.

Periodic reports are made to the United States Public Health Service on the number of beds available in private hospitals throughout the country, by district and by specific condition accepted, for War Risk Insurance patients.

The data tabulated below give the consolidations of all such reports received to date (Sept. 15, 1919).

Synopsis of private hospitals, by districts.

District.	General.	Bed capacity.	Tuberculosis.	Bed capacity.	Neuropsychiatric.	Bed capacity.	Total.	
							Hospitals.	Beds available.
District No. 1	60	951	25	402	16	434	101	1,787
District No. 2	33	453	29	623	6	70	68	1,146
District No. 3	24	723	11	690	6	220	41	1,632
District No. 4	52	677	13	150	14	376	79	1,203
District No. 5	29	318	5	64			34	382
District No. 6	23	483	12	152	6	44	41	679
District No. 7	57	505	12	362	3	23	72	890
District No. 8	166	2,202	21	377	16	300	203	2,879
District No. 9	32	342	5	55	4	137	41	534
District No. 10	None.							
District No. 11	6	15	8	150	1	40	15	205
District No. 12	78	793	28	407	8	269	114	1,469
District No. 13	1	10	1	25	1	[1]	3	35
District No. 14	19	260	6	48	3	21	28	329
District No. 15	None.							
District No. 16	1	50					1	50
Total	581	7,782	176	3,505	84	1,934	841	13,220

[1] No definite statement of number of patients.

The weekly census report of the Public Health Service Hospitals for the week ending September 13, 1919, show that of 4,384 patients under treatment approximately 80 per cent or 3,442 are war-risk insurance patients.

Available beds for this week number 4,623. Presuming that 80 per cent of these will be taken by war-risk insurance patients, it would mean that 3,700 of these beds are available for such. There are in addition planned 2,790 additional beds, which would make 2,231 more beds available to war-risk insurance patients.

Thus, the total number of beds of the United States Public Health Service available to war-risk insurance patients are as follows:

Occupied	3,442
Available at present	3,700
To be available soon	2,231
Total	9,373

Totals, by districts, for hospitals, United States Public Health Service,[1] differentiation as far as possible by diseases accepted.

District.	General.	Bed capacity.	Tuberculosis.	Bed capacity.	Neuro-psychiatric.	Bed capacity.	Total.	
							Hospitals.	Bed capacity.
District No. 1	4	525			1	240	5	765
District No. 2	4	893			2	400	6	1,293
District No. 3	1	48			1	672	2	720
District No. 4	4	454					4	454
District No. 5	4	790	1	988			5	1,778
District No. 6	3	1,366					3	1,366
District No. 7	3	150					3	150
District No. 8	4	675			1	188	5	863
District No. 9	1	556	1	73			2	629
District No. 10								
District No. 11			1	173			1	173
District No. 12	1	120	1	800			2	920
District No. 13	1	74					1	74
District No. 14	1	188					1	188
District No. 15								
District No. 16								
Total	31	5,839	4	2,034	5	1,500	40	9,373

[1] All figures for bed capacity have been calculated on the basis that 80 per cent of the total number of beds in hospitals listed will be available to war-risk insurance patients.

Synopsis of hospitals by districts, United States Public Health Service hospitals, State and private hospitals—reported available beds for war-risk insurance patients.

District.	General.		Tuberculosis.		Neuro-psychiatric.		Total.	
	Hospitals.	Beds.	Hospitals.	Beds.	Hos. pitals.	Beds.	Hospitals.	Beds.
District No. 1	64	1,476	25	402	17	674	106	2,552
District No. 2	37	1,346	29	623	8	470	74	2,439
District No. 3	25	771	11	690	7	892	43	2,353
District No. 4	56	1,131	13	150	14	376	83	1,657
District No. 5	33	1,108	6	1,052			39	2,160
District No. 6	26	1,849	12	152	6	44	44	2,045
District No. 7	60	655	12	362	3	23	75	1,040
District No. 8	170	2,877	21	377	17	488	208	3,742
District No. 9	33	898	6	128	4	137	43	1,163
District No. 10	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
District No. 11	6	15	9	323	1	40	16	378
District No. 12	79	913	29	1,207	8	269	116	2,389
District No. 13	2	84	1	25			3	109
District No. 14	20	448	6	48	21	28	47	524
District No. 15	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
District No. 16	1	50					1	50
Total	612	13,621	180	5,539	106	3,441	898	22,601

[1] None reported.

Thus, it is noted that in all there have been reported 898 hospitals with a bed capacity of 22,601 available to patients under the war-risk insurance act.

Thus, 22,601 beds are divided, as far as possible into:

General cases	13,621
Tuberculosis	5,539
Nervous and mental cases	3,441
Total	22,601

The following table shows, by large groups of diseases, the number of patients at present hospitalized; the estimated average number to be hospitalized at any one time through the year of 1921; the number of beds reported as available for war-risk insurance patients, and the total number of beds in the United States; figures are given in per per 1,000 rates, and in absolute numbers:

TABLE.—*Rates per thousand.*

	Actual number in hospital per 1,000 enlisted strength Sept. 20, 1919.	Estimated number daily hospital patients 1920-21, per 1,000 enlisted strength.	Available beds in U. S. Army, including U. S. Public Health Service hospitals per 1,000 enlisted strength.	Total hospital beds, U. S. Army, per 1,000 total population.
Mental and nervous diseases	0.500	2.76	0.86	2.38
Tuberculosis	.526	3.17	1.40	.37
General	.502	1.80	3.40	2.55
Total	1.53	7.65	5.52	5.30

ABSOLUTE NUMBERS.

Mental and nervous diseases	2,002	11,060	3,441	244,012
Tuberculosis	2,010	12,600	5,539	37,691
General	2,132	7,200	13,621	261,345
Total	6,144	30,660	22,601	543,048

RÉSUMÉ.

(*a*) From the foregoing data it is seen that a little more than 20 per cent of the expected number of patients are at present hospitalized at any one time. 1.53 per 1,000 enlisted men are now hospitalized, and 7.65 per 1,000 are expected.

(*b*) The total reported number of beds available per 1,000 enlisted men closely agrees with the total number of beds in the United States per 1,000 total population. As is to be expected, this number is not sufficient.

(*c*) The number of beds available for general cases is more than it is expected will be required, while the number of beds available for mental and nervous diseases and tuberculosis are insufficient.

CONCLUSION.

1. The total number of beds made available by the United States Public Health Service and private hospitals for war-risk insurance patients at the present time, namely, 22,601, is insufficient, and such a total must be increased by approximately 8,000 to make up the desired total of 30,660.

2. The number of beds available at present for general medical and surgical cases, namely, 13,621, is too great by approximately 6,400. Only 1,360 more beds than are at present furnished by Public Health Service hospitals (making a total of 7,200) are necessary.

3. The number of beds at present available for neuro-psychiatric cases, namely, 3,441, is insufficient, and such a total must be increased by approximately 7,600 to make up the desired total of 11,060.

4. The number of beds at present available for tuberculosis cases, namely, 5,539, is insufficient, and such a total must be increased by approximately 7,060 to make up the desired total of 12,000.

W. C. RUCKER,
Chief Medical Advisor.

Respectfully forwarded, approved Oct. 6, 1919:
R. G. CHOLMELEY-JONES,
Director Bureau of War Risk Insurance.

Respectfully forwarded, approved:
JOUETT SHOUSE,
Assistant Secretary.

ADDENDUM.

In the following tables are contained data on total hospital beds throughout the United States (as reported by the American Medical Association) in their relation to the total population of the United States, and to the number of service men. The number of hospital beds is first given in total, to be followed by classifications of such beds in accordance with the type of diseases or conditions for which they are intended.

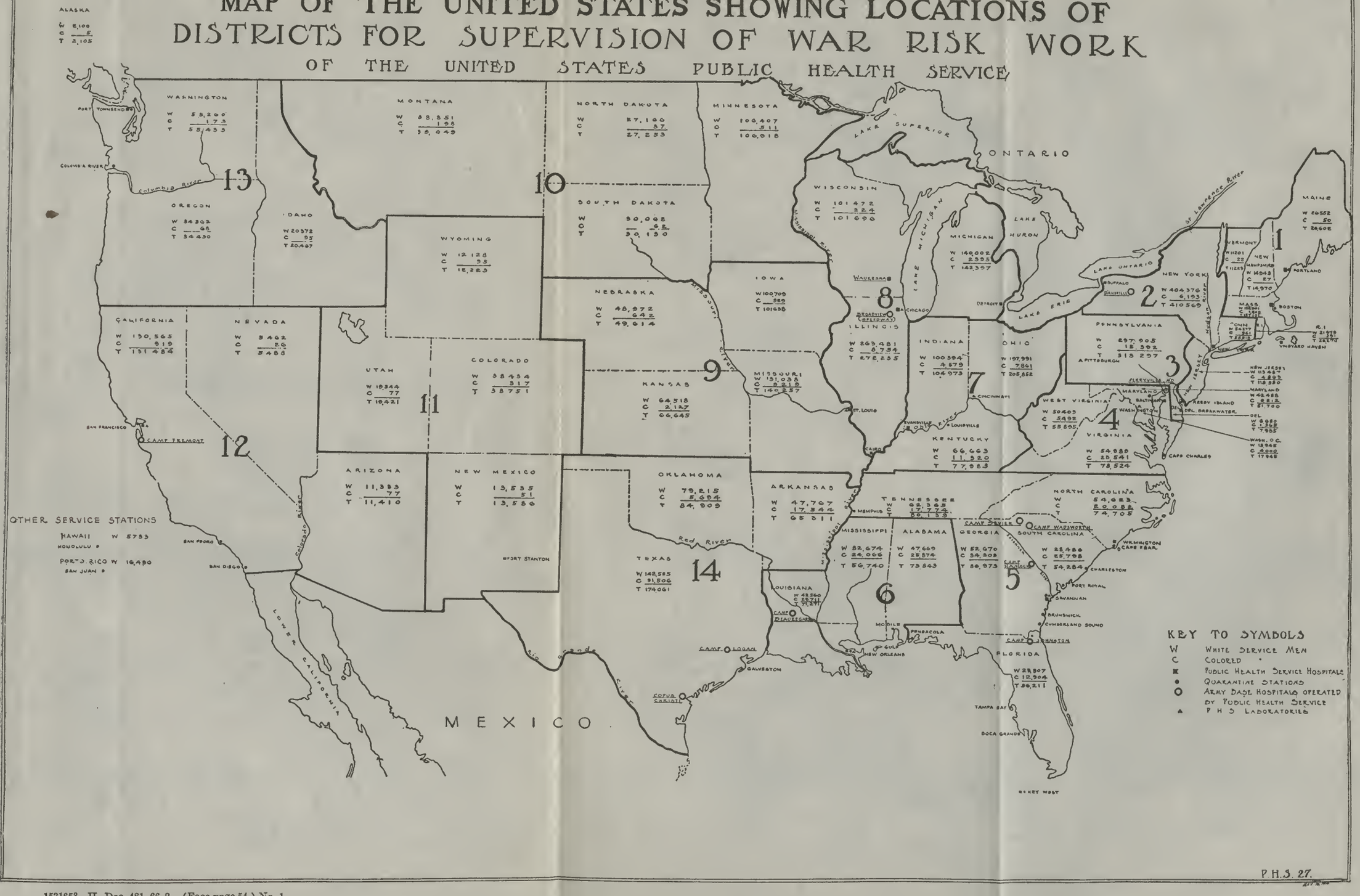
	Number of beds.	Population.	Rate per thousand.	Number of service men.	Rate per thousand.
TOTALS.					
District:					
1	46,488	5,835,678	7.966	232,166	200.363
2	107,525	14,191,991	7.580	581,137	183.868
3	41,545	8,595,590	4.860	321,282	129.205
4	33,704	5,241,108	6.370	204,064	165.149
5	27,258	9,937,310	2.753	332,312	82.046
6	14,869	8,029,361	1.859	201,554	72.970
7	56,555	10,251,954	5.542	388,808	145.346
8	78,269	11,558,494	6.778	516,328	151.842
9	40,002	8,678,672	4.600	358,154	111.606
10	26,029	4,085,944	6.377	203,350	128.063
11	11,821	1,931,164	6.123	83,981	140.670
12	28,019	3,198,304	8.769	148,382	188.848
13	15,864	2,692,529	5.896	110,330	143.728
14	24,622	8,171,119	3.003	324,281	75.836
Total	552,570	102,399,218	5.393	4,009,129	137.590
SURGICAL.					
District:					
1	259	5,835,678	.044	232,166	1.116
2	895	14,191,991	.063	584,137	1.530
3	350	8,595,590	.041	321,282	1.088
4	203	5,241,108	.039	204,064	.995
5	403	9,937,310	.041	332,312	1.213
6	204	8,029,361	.026	201,554	1.012
7	575	10,251,954	.056	388,808	1.478
8	222	11,558,494	.019	516,328	.431
9	337	8,678,672	.039	358,154	.940
10	201	4,085,944	.049	203,350	.989
11	5	1,931,164	.003	83,981	.059
12	26	3,198,304	.008	148,382	.175
13	125	2,692,529	.046	110,330	1.132
14	441	8,171,119	.054	324,281	1.358
Total	4,246	102,399,218	.041	4,009,129	1.057

	Number of beds.	Population.	Rate per thousand.	Number of service men.	Rate per thousand.
TUBERCULOSIS SANATORIA.					
District:					
1	3,554	5,835,678	.608	232,166	15.318
2	11,058	14,191,991	.780	584,137	18.909
3	4,477	8,595,590	.519	321,282	13.923
4	1,128	5,241,108	.215	204,064	5.517
5	1,186	9,937,310	.120	332,312	3.570
6	395	8,029,361	.049	201,554	1.959
7	2,475	10,251,954	.241	388,808	6.360
8	4,770	11,558,494	.413	516,328	9.254
9	1,155	8,678,672	.133	358,154	3.224
10	1,894	4,085,944	.464	203,350	9.318
11	2,710	1,931,164	1.404	83,981	32.249
12	1,570	3,198,304	.491	148,382	10.582
13	656	2,692,529	.243	110,330	5.943
14	663	8,171,119	.081	324,281	2.042
Total	37,691	102,399,218	.368	4,009,129	9.385
EYE, EAR, NOSE, AND THROAT.					
District:					
1	319	5,835,678	.055	232,166	1.375
2	727	14,191,991	.051	584,137	1.243
3	59	8,595,590	.007	321,282	.183
4	419	5,241,108	.080	204,064	2.053
5	.....	9,937,310	.....	332,312	.....
6	152	8,029,361	.019	201,554	.754
7	144	10,251,954	.014	388,808	.370
8	432	11,558,494	.037	516,328	.838
9	722	8,678,672	.083	358,154	2.014
10	25	4,085,944	.006	203,350	.123
11	11	1,931,164	.005	83,981	1.309
12	40	3,198,304	.013	148,382	.270
13	712	2,692,529	.264	110,330	6.451
14	15	8,171,119	.002	324,281	.046
Total	3,777	102,399,218	.037	4,009,129	.940
GENERAL.					
District:					
1	20,208	5,835,678	3.456	232,166	87.096
2	46,070	14,191,991	3.248	584,137	78.786
3	17,812	8,595,590	2.066	321,282	55.395
4	16,210	5,241,108	3.096	204,064	79.429
5	11,950	9,937,310	1.207	332,312	35.969
6	6,703	8,029,361	.838	201,554	33.247
7	28,485	10,251,954	2.777	388,808	73.206
8	33,361	11,558,494	2.885	516,328	64.720
9	21,034	8,678,672	2.419	358,154	58.685
10	13,852	4,085,944	3.394	203,350	68.152
11	6,892	1,931,164	3.570	83,981	82.015
12	16,971	3,198,304	5.312	148,382	114.185
13	9,725	2,692,529	3.608	110,330	88.108
14	12,072	8,171,119	1.473	324,281	37.182
Total	261,345	102,399,218	2.551	4,009,129	65.075
GYNECOLOGICAL.					
District:					
1	151	5,835,678	.026	232,166	.651
2	481	14,191,991	.034	584,137	.822
3	225	8,595,590	.026	321,282	.699
4	372	5,241,108	.071	204,064	1.823
5	.....	9,937,310	.....	332,312	.....
6	.....	8,029,361	.....	201,554	.....
7	40	10,251,954	.004	388,808	.113
8	152	11,558,494	.013	516,328	.295
9	.....	8,678,672	.....	358,154	.....
10	.....	4,085,944	.....	203,350	.....
11	.....	1,931,164	.....	83,981	.....
12	72	3,198,304	.026	148,382	.485
13	.....	2,692,529	.....	110,330	.....
14	60	8,171,119	.001	324,281	.024
Total	1,499	102,399,218	.015	4,009,129	.373

	Number of beds.	Population.	Rate per thousand.	Number of service men.	Rate per thousand.
INSANE.					
District:					
1	21,997	5,835,678	3.761	232,166	94.807
2	48,294	14,191,991	3.405	484,137	82.583
3	18,622	8,595,590	2.160	321,282	57.914
4	15,372	5,241,108	2.936	204,064	75.323
5	13,719	9,937,310	1.386	332,312	41.292
6	7,415	8,029,361	.927	201,554	36.778
7	24,836	10,251,954	2.241	388,808	63.828
8	39,332	11,558,494	3.402	516,328	76.304
9	16,754	8,678,672	1.927	358,154	46.744
10	10,057	4,085,944	2.464	203,350	49.480
11	2,203	1,931,164	1.141	83,981	26.216
12	9,340	3,198,304	2.923	148,382	62.952
13	4,646	2,692,529	1.724	110,330	42.093
14	11,425	8,171,119	1.394	324,281	35.189
Total	244,012	102,399,218	2.382	4,009,129	60.758

MAP OF THE UNITED STATES SHOWING LOCATIONS OF DISTRICTS FOR SUPERVISION OF WAR RISK WORK

OF THE UNITED STATES PUBLIC HEALTH SERVICE



P.H.S. 27.

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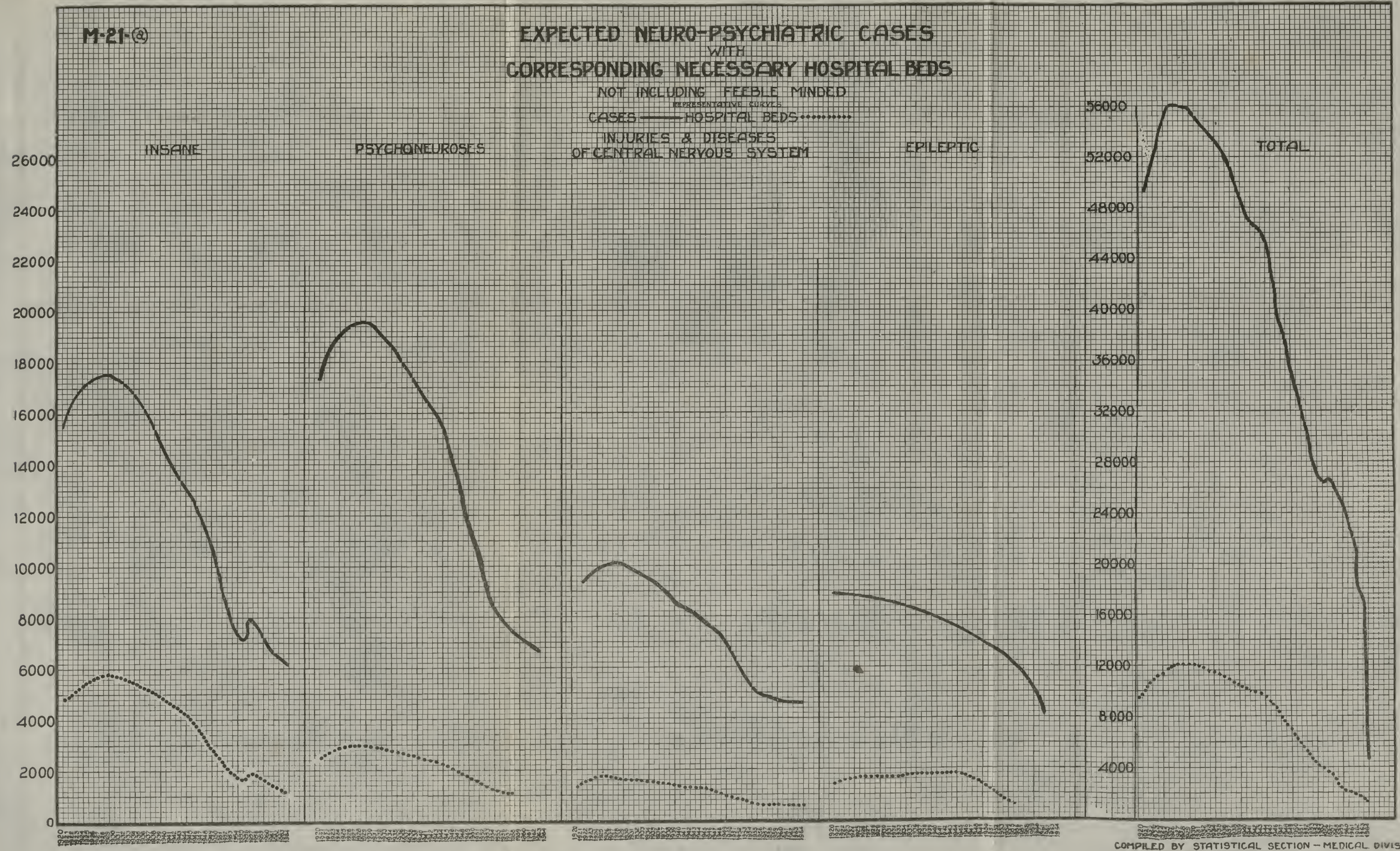
M-21-(a)

EXPECTED NEURO-PSYCHIATRIC CASES WITH CORRESPONDING NECESSARY HOSPITAL BEDS

NOT INCLUDING FEEBLE MINDED

REPRESENTATIVE CURVES

CASES ——— HOSPITAL BEDS ·····



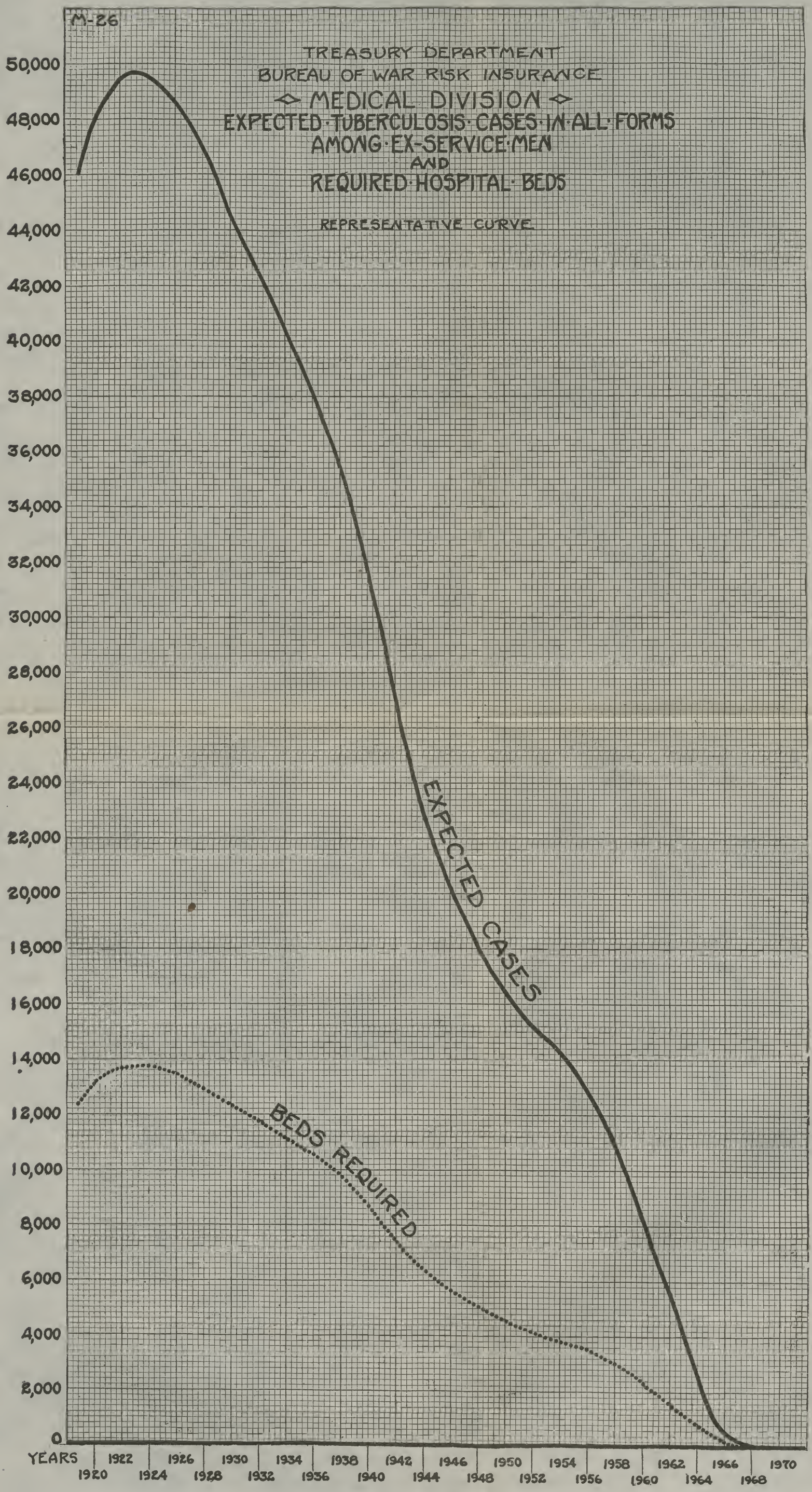
COMPILED BY STATISTICAL SECTION — MEDICAL DIVISION
MADE BY ACTUARIAL DIVISION — W.D.I.

153165°—H. Doc. 481, 66–2. (Face page 54.) No. 2.

M-26

TREASURY DEPARTMENT
BUREAU OF WAR RISK INSURANCE
◇ MEDICAL DIVISION ◇
EXPECTED TUBERCULOSIS CASES IN ALL FORMS
AMONG EX-SERVICE MEN
AND
REQUIRED HOSPITAL BEDS

REPRESENTATIVE CURVE



COMPILED BY STATISTICAL SECTION
MEDICAL DIVISION
B.W.R.I.

153165°—H. Doc. 481, 68-2. (Face page 54.) No. 2.